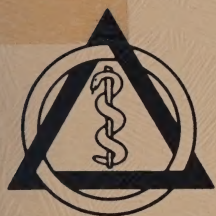




TRANSACTIONS of the Canadian Dental Association



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INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
MARCH 31 - APRIL 1 AND AUGUST 25-26

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 31 MARS - 1er AVRIL ET LES 25-26 AOÛT

1989

INTERIM MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE PROVISOIRE
DU BUREAU DES GOUVERNEURS
L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

MARCH 31-APRIL 1
LE 31 MARS-1er AVRIL

1989

FORWARD

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on March 31-April 1, 1989 in Ottawa, Ontario and August 25-26, 1989 in Vancouver, British Columbia.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Committees and Sections.

AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 31 mars et 1er avril 1989, à Ottawa, Ontario et les 25 et 26 août de la même année, à Vancouver, Colombie Britannique.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DÉLIBÉRATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des comités et des sections de l'Association.

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J. Hardie (Publications)
K. Roach (Roles & Responsibilities)
M. Ashokar (Student Affairs)
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D.E. MacFarlane (Third Party)

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EXECUTIVE COUNCIL

REPORT TO THE 1989 CDA INTERIM BOARD OF GOVERNORS

Members: Dr. Jack W. Niedermayer, Chairman - Regina
Dr. Kevin L. Roach, Pembroke
Dr. Ron J. Markey, Richmond
Dr. Les S. Allen, Winnipeg
Dr. Bernard H. Dolansky, Ottawa
Dr. Gilles Dubé, Lachute
Dr. Don E. MacFarlane, Vancouver
Dr. Bryun Sigfstead, Edmonton
Dr. Raymond Wenn, Charlottetown

Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

Council
Secretary: Mrs. Suzanne Burton

1. Council Meetings

Since the August 1988 Annual Meeting of the Board of Governors, the Executive Council has met three times - August 20, 1988, October 30, 1988, and January 27-28, 1989. The Executive Planning Session was held on October 28-29, 1988; a Conference Call of Executive Council was held on September 8, 1988 to deal with the re-tendering of CDIP.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates and Alternate Delegates

The appointment of CDA Delegates to FDI, and the policies on payment of expenses have been reviewed by the Executive Council. To allow increased continuity, the CDA Delegates to future congresses should be the CDA President, the FDI National Treasurer for Canada, and the CDA Executive Director. We have been informed by the FDI that requirements for FDI Delegates do not stipulate that being a dentist is a pre-requisite. However, FDI has indicated that its Executive Committee would review this matter, and communicate with us further.

Barring any FDI restrictions on the naming of FDI Delegates, the following will constitute the Canadian Dental Association's Official Delegates to the 1989 FDI Congress. Formal appointment of delegates will continue to require annual approval of the Board of Governors.

RESOLVED:

- 89.1 THAT the CDA Official Delegates to the 1989 FDI Congress in Amsterdam, the Netherlands, be Dr. K.L. Roach, CDA President, Dr. R.N. Hicks, FDI National Treasurer, and Mr. A.J. Neilson, CDA Executive Director.

THAT the CDA Alternate Delegates to the 1990 FDI Congress in Amsterdam, the Netherlands, be Dr. James N. Wright, Brig.-General J. Fred Begin, and Dr. George Beagrie.

ADOPTED

3. Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)

RESOLVED:

- 89.2 That the Firm of Clarke, Henning and Co. be appointed auditors for CDIP for 1989.

ADOPTED

The Canadian Dentists' Insurance Program (CDIP) audited financial statement for the year ending December 31, 1988 will not be available until mid-July, 1989. The Board will be notified of any actions taken by the Executive Council on the approval of these statements.

4. CDA Participation Agreement

On September 30th, 1988, the 1989 Participation Agreements were forwarded to all Corporate Members, for signature by December 15, 1988. The QDSA had previously expressed concerns regarding the wording of the 1988 Agreement, and had signed a 1988 Agreement which conformed to the 1987 Agreement, and therefore did not contain amendments approved by the CDA Board of Governors in 1987. The Executive Council is pleased to report that the 1989 Participation Agreement, incorporating amendments approved in 1987, has now been signed by all Corporate Members of the CDA.

During discussion of the signing of the 1989 Participation Agreement between the CDA and the QDSA, the QDSA requested certain changes to the Agreement which were outlined in a letter to the CDA dated September 27, 1988.

APPENDIX I

While no commitment was made by the CDA on any amendment to the Participation Agreement, it was agreed that the concerns of the QDSA would be reviewed by the Executive Council and subsequently brought forth the 1989 Interim Meeting of the CDA Board of Governors. Amendments approved would be incorporated into the 1990 agreement.

RESOLVED:

- 89.3 THAT Section 2 of the Participation Agreement be amended to incorporate the words "as of January 1, 1990" after the words "supercedes the 1989 Agreement".

ADOPTED

RESOLVED:

- 89.4 THAT Section 9 of the Participation Agreement be amended with the addition of a second paragraph which would read as follows: "Every year at its Executive Council Meeting held in preparation for the Annual Meeting of the CDA Board of Governors, the CDA through its Executive Council, shall review the situation and make a decision as to the use of the surplus."

ADOPTED

The Executive Council has reviewed the legal opinion received on an amendment to Section 5 of the Participation Agreement as indicated in Dr. Chicoine's letter. The Executive Council did not consider the information presented by Campbell, Godfrey and Lewtas to be sufficient in order that a responsible decision could be made on the suggested amendment to Section 5.

RESOLVED:

- 89.5 THAT given the information available to date, no amendment be made to Section 5 of the Participation Agreement.

ADOPTED

The suggested amendment to the Participation Agreement which calls for the inclusion of a new Section 13 - Cancellation (or Termination) was reviewed by the Executive Council and considered to be unacceptable.

RESOLVED:

89.6 THAT a new Section 13 - Cancellation (or Termination) not be added to the Participation Agreement.

ADOPTED

5. CDIP Insurer and Related Issues

CDIP Retendering

At a Conference Call meeting held on September 8, 1988, the Executive Council approved Metropolitan Life as the new insurer for the Canadian Dentists' Insurance Plans (CDIP), effective January 1, 1989. This action was taken to ensure the availability of excellent insurance coverage at the most favorable rates; these rates will be guaranteed for a three-year period. The following motion was unanimously passed by the Executive Council at that time:

"THAT CDA accept Metropolitan Life as a successful bidder in the re-tendering process, and communicate this to CDSPI in the context of the joint statement drawn up between Metropolitan Life and the CDA."

APPENDIX II

CDA President Dr. Jack Niedermayer wrote to all Canadian dentists in September, outlining the rationale which determined the validity of this action as a business and professional decision. Meetings with the President of Metropolitan Life continue to ensure the concerns of the CDA and its members are communicated. The report of the Council on Insurance and Investment contains further information on this item.

CDA Group and Master Policies - Potential Claim against the CDA by Imperial Life Insurance Company of Canada

The CDA was notified by CDSPI of the possibility of legal action claiming breach of contract against the CDA by Imperial Life, the former insurer of CDIP. The CDA's insurer for director's liability has been notified of a possible claim. Correspondence from Campbell, Godfrey and Lewtas containing opinion on the potential liability of the Canadian Dental Association, as a result of the CDA's

decision to accept a tender of the Metropolitan Life Insurance Company for the provision of life, disability and other insurance, effective January 1, 1989, was examined by Executive Council. An opinion on the liability of Towers, Perrin, Forster, and Crosby (TPF&C), with respect to any damages for which the CDA is found liable to Imperial Life, has also been considered by Executive Council. Correspondence between Imperial Life and CDSPI on this matter is included for information.

APPENDIX III

The Executive Council expressed grave concern that it was not well-informed and counselled on the ramifications of the re-tendering process, and the fact that required notifications under the Master Contract could become an issue.

LTD/Office Overhead Expense Benefit Payments Out of Surplus

The change-over of carrier for CDIP from Imperial Life to Metropolitan Life has given rise to a situation concerning LTD/Office Overhead Expense Benefit Claims made outside of the timeframe outlined in the Master Contract. Correspondence from CDSPI giving additional background information on this matter is appended.

APPENDIX IV

The plan for payment of these claims, prepared by CDSPI and contained in a memorandum dated January 20, 1989 from Mr. Butler to Mr. Neilson was considered by the Executive Council along with a legal opinion from Beth Moore, of Campbell, Godfrey and Lewtas dated December 5, 1988. The following recommendations were made to ensure optimum protection of CDIP and the life plan surplus, which is the responsibility of the Executive Council. Executive Council recommends:

THAT the eleven (11) claims for LTD/Office Overhead Expense Payment be paid, and furthermore

THAT the settlements for these eleven (11) claims be made in such a way that CDA's ability to pursue every legal recourse to recover these funds from Imperial Life not be jeopardized and, in fact, our lawyers be instructed to vigorously pursue Imperial Life on this matter.

NOTE: The above motion was substituted by Resolution 89.43 in the Addendum report of the Council on Insurance and Investment and was not considered as presented.

Executive Council recommends:

THAT authorization be given to the borrowing of up to \$1,000,000 from CDSPI operating surplus if legally possible, or any other legally acceptable alternative, as a line of credit to be available on an as needed basis to be borrowed against, in order that Metropolitan Life can take over and settle these eleven (11) claims. This loan will bear the same rate of interest as the life plan reserves, and have a repayment schedule that will allow full settlement of the loan in three years or, if afterwards, by a premium increase sufficient to cover the amount of the outstanding loan.

NOTE: The above motion was substituted by Resolution 89.44 in the Addendum report of the Council on Insurance and Investment and was not considered as presented.

RESOLVED:

- 89.7 THAT CDSPI be requested to obtain a second legal opinion on the question of borrowing funds to support the LTD claims in question from the CDSPI administrative surplus versus other available sources.

In addition, the second legal opinion should detail the legal procedures that must be followed so as not to compromise our ability to seek restitution from Imperial Life on behalf of the eleven (11) claimants.

ADOPTED

The rationale for the Executive Council's decision on this was to be communicated by members of Executive Council to their respective corporate bodies and representatives on the CDSPI Board.

The CDA directed that the Council on Insurance and Investment include a representative of CDA in all future discussions on matters related to Imperial Life.

Special Rated Lives

The Executive Council reviewed correspondence from CDSPI dated January 12, 1989, outlining a situation concerning twenty-two (22) individuals who were given life coverage by Imperial, but were given that coverage outside of the life plan, and at individual Imperial Life rates. The Executive Council considered a recommendation of the Council on Insurance and Investment, which would allow these twenty-two (22) individuals to be enrolled in the CDIP Life Plan at the CDIP standard rates. As a result of this information, and the comments provided by TPF&C concerning the risk and overall premium, the following motion was passed by the Executive Council on behalf of the Board.

APPENDIX V

RESOLVED:

- 89.8 THAT the twenty-two special rated lives currently insured by Imperial Life be brought under the umbrella of the Canadian Dentists' Insurance Program.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION6. CDA Priorities

At its 1988 Planning Session, Executive Council reviewed current priorities and identified new issues which require heightened emphasis. In addition, a portion of the meeting focused on long-range planning, to envisage issues of the future and determine actions necessary to ensure the CDA is well-positioned to deal with them effectively.

Strategic Planning, Communications, Membership, Revenue Generation, Third Party Issues, Taxation, Conventions, Liability Insurance Consolidation, Long-Range Planning-Policy Review and Professional Resource Utilization were identified as major priorities. The long-range planning segment determined that the following areas bear additional emphasis: the Image of Dentistry and the Dentist; National/Provincial Dental Association Relations; Availability of Services to the Handicapped, the Elderly, Native Peoples and the Financially Disadvantaged; Ethical Positions in Dentistry and Patients' Rights, Research and Evaluation; Organizational Review CDA Headquarters and Dental Hygiene.

7. The Image of Dentistry and the Dentist

An important component of the CDA Communications Strategy for the future will be the enhancement of the image of dentistry and the dentist both to the public and the profession. The image of the dentist as a caring health professional is of the utmost importance in maintaining the public trust. The integrity of the dental profession must be maintained and nurtured.

Canadian dentistry, through the CDA, will continue to be proactive through activities such as the Dental Awareness Program, the protection of the validity of the accreditation process, and the dissemination of information to the public through vehicles such as the Consumers Guide to Dental Care. Public health concerns outside of dentistry will be monitored and where valid, supported through representations to government and other appropriate actions.

Dental professionals are involved with charitable organizations, the arts, social issues, youth and sport groups; the Journal of the CDA will highlight this involvement with a view to encouraging others to become involved.

8. National/Provincial Dental Association Relations

The establishment of a mechanism to improve the quality of communications between the CDA and the corporate bodies was endorsed by Executive Council. The organized dental community has common concerns and goals; joint efforts toward the good of the public and the profession must be encouraged. The CDA Management Committee will pursue this matter; regular meetings between the Executives of CDA and the corporate bodies will be targeted.

9. Availability of Services to the Handicapped, the Elderly, Native Peoples and the Financially Disadvantaged

The Planning Session identified a need for the dental profession to be more active in promoting increased access to dental care for under-served groups such as the handicapped, the poor, the elderly, and native peoples.

The emphasis should be upon the profession positioning itself to encourage appropriate initiatives rather than offering solutions administered or directed by dentistry.

The proposed new committee on Community and Institutional Dentistry may provide a focus for discussing the extent of the problem and proposing the positions that should be taken by the profession.

Subsequent follow up would depend upon initiatives approved by the CDA Board, but would likely include liaison with government and third party insurers.

10. Ethical Positions in Dentistry

The CDA Code of Ethics requires review to ensure that it addresses the profession's responsibilities to the public. Many of today's issues have ethical considerations; capitation and infection control are good examples. Development of a document encompassing patients' rights would appear to be timely. The CDA Committee on Ethics will pursue discussion and recommend development of appropriate CDA ethical positions, in conjunction with a review of the Code of Ethics.

CDA President, Dr. Jack Niedermayer has appointed Dr. Jim Brookfield of Kirkland Lake, Ontario as the Chairman of the Committee on Ethics. Governors will note from Dr. Brookfield's Inaugural Report to the Board that activities are well underway to give new focus to Ethics and the dental profession.

11. Research and Evaluation

The necessity for issue-tracking and program evaluation was identified. This item is being reviewed in conjunction with the preparation of a comprehensive communication plan for the Canadian Dental Association. Provincial economic surveys may provide a vehicle for evaluating the profession's response to CDA initiatives and programs. University graduate student programs will be investigated for potential assistance in this area.

Meetings of the CDA Board of Governors, and of the Presidents and Chief Executive Officers of Corporate Members are other resources for the provision of feedback. A Board of Governors question period will be instituted to provide a forum for open discussion and debate. A protocol has been developed for the Question Period, and the Executive Council anticipates a highly productive first session for this new initiative.

12. Organizational Review - CDA Headquarters

The changing face of CDA programs and priorities has led to the need for a review of the headquarters structure to ensure present and future efficiency and effectiveness. Woods Gordon will work with CDA during the spring of 1989 on the required review and evaluation.

13. Dental Hygiene

There is a definite need to encourage and uphold the dental team concept in the relationship between the dentist and the hygienist in the dental office. The CDA has developed a statement on supervision requirements for dental hygienists; the individual dentist must be aware of the necessity to supervise appropriately, and respect the hygienist as an integral part of the dental team.

The CDA supports the involvement of hygiene in decision making boards at the provincial level, to counteract the desire for self-regulation. Communication at all levels between hygiene and dentistry must be promoted with a view to ensuring that oral health care is delivered in the most patient-advantageous manner. The supply and portability of hygienists is also of concern. The CDA will work toward encouraging increased supply and portability. The establishment of mutually acceptable positions and definitions is considered to be beneficial in terms of improving communication.

The CDA Dental Awareness Program will emphasize the dental team concept, and the responsibilities of the dentist in maintaining the validity of the concept.

14. Strategic Planning/Budget Review

Refinement of the CDA strategic planning and budgetary process is an ongoing priority. Additional emphasis will be placed on long range planning.

The January, 1989 Executive Council Meeting encompassed budget planning, and determined the requirement and defined the amount of a 1990 fee increase, allowing a one-year notice to corporate bodies. In a similar vein the Ad Hoc Committee reviewing the cost and delineating the financial support of the accreditation process, reported to Executive Council at the January Meeting. Notice of recommended increases to licensing body fees and membership fees was communicated to concerned organizations immediately following the Executive Council's meeting.

The refinement of the planning process will continue to target optimal notice to concerned parties of increases in fees, and flexibility to allocate resources to confirmed and adjusted priorities. The Executive Council will review the 1990 budget at the June and Fall Meetings; it is anticipated that adjustment may be required to fund priorities including the Comprehensive Communication Plan for CDA and the Electronic Data Interchange Program.

15. Review of 1989 Budget

Certain priorities identified at the planning session required funding beyond that originally allocated in the 1989 budget. The expanded communications program, professional resource utilization activities, the increased focus on ethical issues and concerns, and a certification program for dental materials and devices required funding beyond their initial 1989 budgets. Adjusted figures for the 1989 budget are appended to the Management Committee report with appropriate explanatory notes.

16. Communications

Communication is CDA's lifeline to the membership and the profession. The Executive Council directed the Publications Committee to proceed with the development of an overall communications strategy. Target groups and the most effective vehicles of communication were to be investigated and identified. Presidential reports, regular newsletters on topics such as Third Party Issues and Taxation, and an Annual Report were among modes of communication to be considered. The human and financial resource implications were to be defined.

A strategic framework for a CDA Comprehensive Communication Plan was reviewed by Executive Council at the January Meeting. The framework provided recommendations for:

- o Communication objectives consistent with CDA's mandate;
- o Strategies and corresponding programming lines to reach these objectives;
- o Immediate action to improve member communication in 1989;
- o A planning process for the development in 1989 of an overall CDA Communications Plan for presentation to the CDA Board of Governors and implementation in 1990.

At the 1988 Fall Planning Session, the Executive Council authorized an addition to the 1989 communications budget of fifty thousand dollars (\$50,000) for an expanded communications program. The information presented to Executive Council outlined the allocation of these monies to the following areas: The Communiqué, development of a new CDA I.D. and graphics system, dental research, and an annual report.

The Executive Council reviewed the framework as presented, and authorized staff to proceed with a further plan of development for a Comprehensive Communications Program.

17. Revenue Generation

Revenue generating programs and activities, to offset revenue from membership fees, continues as a priority. The potential to increase journal advertising revenues is under review. Seminars and courses have potential to generate revenues, however developmental costs often preclude financial gains. Taxation Seminars have been successful, and will continue. A national program for electronic data transfer, as well as being a valuable service to the profession, has the potential to provide revenue to CDA. The Third Party Dental Plans Committee continues to work toward the implementation of this program.

The Canadian Dental Foundation is a potential funding source of CDA programs and activities that fall within the scope of the objects of the Foundation.

18. Electronic Data Interchange

The Executive Council examined information contained in the Third Party Dental Plans Committee report concerning Electronic Data Interchange. The Executive Council reviewed the Consultant's report prepared on Electronic Data Interchange and agreed with the recommendation of the Third Party Dental Plans Committee to proceed with the preparation of a report, including final recommendations and an implementation strategy for EDI. Approval was given to expend up to fifty-five thousand dollars (\$55,000) toward this end, on the understanding that any sum expended is fully recoverable from the insurance industry. Two conditions must be met prior to proceeding further on the implementation of an EDI system:

- A declaration of intent to participate must be secured from claims adjudicators.

- Provision of a letter of intent from enough Corporate Bodies of their willingness to participate in the CDA data network.

The Executive Council directed that a letter be sent from the CDA President to all Corporate Bodies, providing an update on CDA plans and activities in this area, and that a copy of the Consultant's report be included with this communication. The CDA is committed to meet with all Corporate Bodies to discuss this program; the first meetings in this series are scheduled to take place on February 10th with the Ontario Dental Association, and February 24 with the ODQ and QDSA.

19. Liability Insurance Consolidation

Pursuit of a national approach to the field of professional liability coverage continues to be a priority of CDA. A Joint Committee comprising representatives of CDA, CDSPI and the RCDS has been established to examine and discuss this issue. Further information on this topic is contained in the report of the Council on Insurance and Investment.

20. Long-range Planning - Policy Review

The Executive Council will continue to focus on issues of the future during the annual Planning Session. Current policies will be reviewed to determine those to be rescinded or revised, and to identify the need for position or policy statements to meet requirements of the future.

21. Financial Responsibility - Board of Governors

Executive Council reviewed Article VIII - Section 13 - Financial Responsibility, Board of Governors. At the present time, the By-Laws are not consistent with the practice being followed. It was agreed that Section 13 (b) should be amended to include payment of expenses for Committee Chairmen, and that expenses for all Chairmen are paid as authorized by Executive Council at Pre-Board meetings. This matter has been referred to the Council on Constitution and By-Laws, and the appropriate By-Law amendments are contained in that Council's report to the Board.

22. Installation Dinner Protocol

A protocol has been developed to formalize the customary ceremonies for installation of the CDA President. Format, invitees, formal addresses and presentations, and entertainment requirements have been outlined. The protocol has been sent to provincial dental associations for future reference.

23. FDI Congress - 1994

The CDA will work with the assistance of Tourism Canada on promotional activities for the 1994 FDI Congress to be held in Vancouver. Tourism has identified the three years leading to the Congress as ones in which funding assistance will be available.

A meeting will be held with officers of the American Dental Association, to review their experiences with regard to the 1988 ADA/FDI Congress in Washington.

24. Affiliate Member Fees

The Executive Council has approved a recommendation from the Membership Committee that a \$10.00 surcharge be added to the membership fee for Affiliate Members, effective January 1, 1989. This surcharge is to be reviewed annually by the Executive Council.

Corporate bodies currently pay a \$10.00 corporate fee on behalf of their members.

25. Affiliate Governor - CDA Board of Governors

At the 1988 Interim Meeting of the CDA Board of Governors, approval was given for an amendment to the composition of the Board of Governors, which will allow representation of affiliate members from a province wherein the affiliate membership is greater than 250 members. The Board of Governors directed that the appointment of an affiliate governor be the prerogative of the President of the CDA, and further that this appointment be made in consultation with the provincial corporate body of the province concerned. An affiliate governor is not entitled to serve as a member of the Executive Council.

The necessary by-law amendments to effect this policy were presented by the Council on Constitution and By-Laws at the 1988 Annual Meeting of the CDA Board, and were duly approved by Governors.

CDA President, Dr. Jack Niedermayer requested that the Ordre des Dentistes du Québec submit the names of three to five individuals, who could be considered for this appointment. The QDSA will be consulted prior to the presidential appointment of the affiliate Governor. It is intended to have the new governor seated at the 1989 Interim Meeting of the CDA Board of Governors.

26. CDA Vice-President - Call for Nominations

At the 1988 Interim Meeting of the CDA Board of Governors, a change in the structure of the CDA Management Committee was approved which requires that a Vice-President be elected at the 1989 Interim Meeting. By-Law amendments to effect this change were presented and approved at the 1988 Annual Meeting.

A Call for Nominations was forwarded to all individuals eligible to nominate. The deadline for nominations was January 2, 1989. Further information on the election of the Vice-President is contained in the report of the Committee on Nominations, Awards and Trusts.

27. CDA Committee on Certification Processes for the Dental Specialties

The Task Force on Future Planning of the Council on Education and Accreditation put forward a resolution that the Canadian Dental Association establish an Ad Hoc Committee to review issues related to the Certification of Dental Specialists, and to make recommendations to improve consistency in provincial approaches. A similar recommendation was presented by the Committee on Dental Specialties. The Task Force recommendation was approved by the CDA Board of Governors at the annual meeting in August.

The Executive Council has approved the formation of a small working group under the Chairmanship of Dr. Arthur Schwartz, to prepare draft positions for discussion with a wider body of interested parties. The working group will comprise representatives of RCDC, NDEB, and a licensing body, the Chairman of the CDA Committee on Dental Specialties, and the CDA Director of Education and Accreditation.

28. Designation of Provider of Services

There have been incidents in the past where third party insurance carriers have denied payment for services based solely on the specialty status of the provider. It is the CDA's position that the nature of the procedure and the treatment plan determine the appropriate provider, and that any dentist has the right to render any service he/she is qualified to perform. The CDA Committee on Dental Specialties had also identified concerns in this area.

The report of the Third Party Dental Plans Committee contains a proposed policy statement in this regard.

29. CDA Identity on Promotional Material Relating to CDIP and the CDA RSP

The Executive Council is pleased to note the actions taken by the Council on Insurance and Investment, on a recommendation emanating from the CDA Membership Committee that CDSPI examine methods to give increased identity to the CDA, on promotional material developed for CDIP and the CDA RSP. The report of the Council on Insurance and Investment details activities pursued in this regard.

30. Canadian Dental Hygienists' Association - National Dental Hygiene Week

Concerns expressed by various groups relating to the CDHA National Dental Hygiene Week have been brought to the attention of the Executive Council. The Executive Council has stressed the importance of a cohesive and cooperative effort in relation to the promotion of dental health.

31. Ownership of CDA Dental Health Month Materials

The 1988 Dental Health Month Campaign featured "Bob", the "Five Point Prevention Plan" and the "Keep Smiling" theme. The response by the provinces to these materials has been most positive, however, it has lead to some concern on the identity of CDA when these materials are reproduced by the provincial corporate bodies. It was a decision of Executive Council that as all CDA Corporate Members have paid for the development and production costs surrounding Dental Health

Month materials, acknowledgement must be given to the CDA, or the CDA and the provincial corporate body when displaying these materials. The Canadian Dental Association logo must appear in a position of prominence on all items produced or the statement "graphics reproduced with the permission of the Canadian Dental Association", should be printed on the item concerned. Instructions in this regard were forwarded to all CDA Corporate Members and Dental Health Month Chairpersons on December 15, 1988.

The Executive Council has endorsed the following principle concerning participation in CDA Dental Health Month/Dental Awareness Projects:

"THAT provincial participation in CDA Dental Health Month/Dental Awareness Projects and activities be integrated with, and supportive of, these centralized programs, and not separate and competitive with them."

This item will be discussed at the Presidents and CEO's meeting.

32. English Advertisements Appearing in the French Version of the Journal of the Canadian Dental Association

The matter of English advertisements appearing in the French version of the Journal of the CDA has been brought to the attention of the Executive Council. A preliminary report from the Editor, indicates that current production procedures would make the cost factors involved in producing French only advertisements in the French Journal of the CDA prohibitive. The Executive Council has requested that this matter be further examined, to determine a method to facilitate the use of French ads in this regard. The advertising company utilized by the Journal, Keith Health Care, will be asked to review this matter.

33. Alberta Dental Association - Videotape Presentation on "Challenge of the Future"

A Task Force of the Alberta Dental Association has developed an excellent eight (8) minute videotape as part of its submission to the Premier's Commission on Future Health Care for Albertans. The Executive Council commends the Alberta Dental Association for its initiatives in this regard.

34. Media Training/Media Interviews

Media training for members of the Executive Council continues on an annual basis. The next session for Media Training is scheduled for June 8, 1989.

Development of a resource document on media interviews continues; the following topics have been added to this document:

- Dental Hygiene
- Dental Manpower
- New Products
- Fluoridation
- Denturists

35. AIDS Insurance/AIDS Testing

Executive Council has reviewed advice from the CDSPI Management Committee concerning the advisability of AIDS insurance. Executive Council has agreed to follow the advice of the CDSPI Management Committee, which indicates that adequate life insurance coverage is available through CDIP at the present time, and that AIDS insurance is not needed. Executive Council has requested that the Council on Insurance and Investment monitor the market in this regard and keep the CDA informed should the situation change.

Executive Council has reviewed information on the requirement for AIDS testing with regard to CDIP coverage for life insurance and long term disability. The Council on Insurance and Investment is reviewing this matter with Metropolitan Life, and will report further to the Executive Council on the requirement and coverage limits for mandatory testing, when further information becomes available.

36. CDA Awards

Executive Council has reviewed recommendations for awards brought forward by the Sub-Committee on Honours and Awards.

The following awards have been granted by the Executive Council:

Certificate of Merit

Dr. Serge Vanry
Dr. Herb Link (presented in Edmonton)
Dr. Andrew Toeman
Dr. Ted Fantin
Dr. Marcia Boyd
Dr. Michel Jahjah
Dr. E.W. McIntyre
Dr. G.W. Burgman
Dr. K.F. Pownall
Ms. Kate MacDonald
Dr. W.G. Leggett
Dr. James Graham

Letters of Appreciation have been forwarded to the following:

Letters of Appreciation

Mr. Doug Lovely
Dr. Roger Ellis
Dr. Arlington Dungy
Dr. Neil Farrell
Dr. Don Lauriente

Executive Council has approved a two thousand dollar (\$2,000) 1989 budget for the Committee on Nominations, Awards and Trusts, to fund a meeting of the Committee to review 1989 nominations for membership on Councils/Committees, and to review 1989 award nominees.

37. CDA Appointments

Since the 1988 Annual Meeting, the President, Dr. Niedermayer has made the following appointments:

- Dr. David Sage of Woodstock, Ontario has been appointed Chairman of the Committee on Health Care.
- Dr. Ron Markey of Vancouver, B.C. has been appointed Chairman of the Committee on Nominations, Awards and Trusts.

- Dr. Don MacFarlane of Vancouver, B.C. has been appointed Chairman of the Professional Resource Utilization Committee.
- Dr. Jim Brookfield of Kirkland Lake, Ontario has been appointed Chairman of the Committee on Ethics.
- Mr. Ashoka Subedar of Winnipeg, Manitoba has been appointed Chairman of the Committee on Student Affairs.
- Dr. Don MacFarlane has been named as the CDA's representative to the ACFD Task Force, whose task is to develop a framework and model of a strategic plan for Canadian Dentistry in Dental Education.

Dr. Kevin Roach of Pembroke, Ontario, has assumed the Chairmanship of the Management Committee by virtue of office.

38. President's Activities

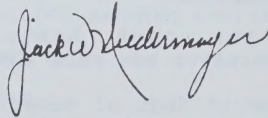
The schedule of activities of the President is appended for information.

APPENDIX VI

39. Committee/Council Reports

Executive Council has reviewed Committee and Council reports as appended and other matters requiring board action follow therein.

Respectfully submitted,



Jack W. Niedermayer, B.A., D.D.S.
Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of Executive Council with appreciation.



APPENDIX I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

December 20, 1988

Docteur Claude Chicoine
Président et Directeur général
Association des Chirurgiens dentistes
du Québec
425, ouest boul. de Maisonneuve
Pièce 1425
Montréal, Québec
H3A 3G5

Dear Claude:

Further to our recent telephone conversation, I want to thank you for having signed the 1989 Participation Agreement.

As promised, I will carry your suggestions for revisions to the Participation Agreement forward to the Interim Meeting of the Board of Governors, in March 1989. You will recall that I didn't feel that there would be insurmountable problems with three out of the four suggestions. In fact, two should pass forthwith. The suggestion concerning distribution of the surplus could be the subject of healthy debate; this remains to be seen.

I will keep you abreast of developments in this regard.

Sincerely yours,

Ron J. Markey, D.D.S., M.S.D.
Past-President

c.c. Executive Council

/sfb



*Association
des chirurgiens dentistes
du Québec*

Montréal, le 27 septembre 1988

Madame Sandra Deziel
Chef des Services de la direction
ASSOCIATION DENTAIRE CANADIENNE
1815 Promenade Alta Vista
Ottawa, Ontario
K1G 3Y6

Objet: Entente de participation 1989

Madame,

Tel qu'entendu avec le docteur Markey, je vous fais parvenir, ci-après, les modifications que nous proposons à l'entente de participation 1989.

1. Article 2.

Après le mot "remplace", ajouter: "à partir du 1^{er} janvier 1989".

2. Article 5.

À la fin, après le mot "ADC", ajouter: "ou du co-parrain"

3. Article 9.

Ajouter un deuxième paragraphe qui se lit comme suit:

"À tous les ans, à sa réunion de juin, l'A.D.C. par son Conseil exécutif doit étudier la situation et prendre une décision quant à l'affectation des excédents."

.../2

4. Après l'article 12, insérer un nouvel article et décaler les autres en conséquence:

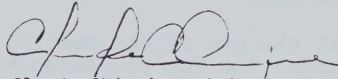
"Article 13. Annulation

Dans tous les cas d'annulation du parrainage, les excédents accumulés dans chacun des Régimes à la date de la fin du parrainage sont calculés. L'excédent afférent aux participants membres du co-parrain sont calculés au prorata de leur participation dans le régime en cause. Cet excédent est transmis au co-parrain pour distribution à ses membres participants.

À défaut d'entente sur ces calculs ou de transmission de l'excédent dans les 90 jours de la fin du parrainage, cette question est soumise à l'arbitrage en conformité des articles 940 et ss. du Code de procédure civile du Québec."

En espérant que ces suggestions vous conviendront, je vous transmets l'expression de mes salutations distinguées.

Le président,



Claude Chicoine, d.d.s.

CC/dm

TRANSLATION

Association des chirurgiens dentistes du Québec

Montréal, September 27, 1988

Mrs. Sandra Deziel
Manager - Executive Services
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Object: Participation Agreement 1989

Dear Mrs. Deziel:

As agreed with Dr. Markey, I am sending you our proposed changes to the 1989 Participation Agreement as follows:

1. Section 2.

After the word "supercedes" the 1988 agreement, add:
"as of January 1st, 1989".

2. Section 5.

At the end of the section, after the word "ADC" (CDA),
add: "or the co-sponsor".

3. Section 9.

Add a second paragraph that would read as follows:

"Every year at its June meeting, CDA through its
Executive Council shall review the situation and take
a decision as to the use of the surplus".

4. After Section 12, insert a new section and renumber
the following sections accordingly:

"Section 13. Cancellation (or Termination)

.../2

Whenever a co-sponsorship is cancelled (or terminated), surpluses accumulated in each Plan at the date of termination of co-sponsorship are calculated. Surpluses related to the co-sponsor's participating members are calculated on the basis of their participation in such plan. This surplus is handed over to the co-sponsor to be distributed to participating members.

When there is no agreement on these calculations or the surplus is not handed over within 90 days following termination of co-sponsoring, the issue is taken to arbitration in accordance with Sections 940 and ss. of the Quebec Code de procédure civile."

I hope you will agree with these suggestions.

Yours truly,

Claude Chicoine, D.D.S.
Président



APPENDIX II

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

September, 1988

Dear Colleague:

The Canadian Dental Association's Executive Council has approved a new insurer for your Canadian Dentists Insurance Plan (CDIP) effective January 1, 1989. This action will ensure that you continue to have available excellent insurance coverage at the most favourable rates; these rates will be guaranteed for a three year period.

The Directors of your insurance plan felt that it had become necessary to review the competitiveness of our current insurer. The CDIP consultants, Towers, Perrin, Forster & Crosby were instructed to test the market and to seek competitive bids. The insurers who were prepared to quote on our business, be competitive, and in fact provide a much better financial package than proposed by our existing insurer, both had capitation dental plans in their product lines which they were promoting. The CDA Executive Council felt that it could only approve a change of insurer, if one of the prospective bidders was willing to review its approach to capitation, its sales methods, and the aggressive marketing of its capitation product.

A meeting was held on September 1, 1988 in Ottawa among Mr. Al Bates, President of Metropolitan Life, Drs. Don MacFarlane and Bernard Dolansky, CDA Executive Council Members, Mr. Jardine Neilson, Executive Director of CDA, and Drs. John Durran, and Rod Moran of CDSPI Management. Drs. MacFarlane and Dolansky were selected because of their involvement with the profession's efforts to resist the spread of capitation in Canada. Dr. MacFarlane acted as spokesman for the CDA team.

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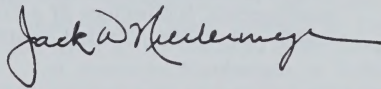
- 2 -

We had an excellent meeting, and a great deal was accomplished. We found Mr. Al Bates to be a forthcoming individual, who assured us that our concerns could be addressed and met by Metropolitan Life. At the end of the meeting, we prepared the attached memorandum which contains the Terms of Reference under which Metropolitan has agreed to operate. These terms manifest considerable accommodation on behalf of Metropolitan Life, and demonstrate how the relationship of CDA and Metropolitan Life will be a productive one.

As a result of this position having been adopted by Mr. Bates, the members attending the meeting recommended to the Executive of CDA that Metropolitan become the new CDIP insurer, as of January 1, 1989. The CDA Executive Council unanimously adopted this recommendation, based upon consultation with the leadership of each provincial association, and with the understanding that Metropolitan Life is very aware of the concerns of the CDA relative to the historical perception of overly-aggressive promotion of capitation. Metropolitan Life assured us that, in the future, its sales efforts will not see capitation positioned as a loss leader. In addition, the highest standards of sales ethics and integrity will be utilized. It is our belief that we have the very best company in the insurance field in Canada willing to meet our needs. Its personnel will function effectively with ours at CDSPI from an administrative point of view, and we know that we can look forward to a long and mutually-beneficial business relationship.

It should be noted that your Board of Directors of CDSPI, and the consultants, Mr. Don McGrath, and Ms. Janet Zwarick of TPF&C did a superb job on our behalf.

Sincerely yours,

A handwritten signature in dark ink, reading "Jack W. Niedermayer". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Jack W. Niedermayer, B.A., D.D.S.
President

Att.

MEMORANDUM RESULTING FROM JOINT MEETING

Canadian Dental Association/ Metropolitan Life Insurance Company of Canada

September 1, 1988

A meeting was held between CDA and Mr. Al Bates, the President of Metropolitan Life in Ottawa on September 1, 1988. The reason for the meeting was that the bid by Metropolitan Life for CDIP was felt to be of great advantage to the dentists of Canada who participate in these plans. However, it was necessary to openly discuss with Mr. Bates the concerns we all feel about Future Focus which is 100% owned by Metropolitan Life, in the capitation controversy that has preoccupied so many of us over the past three years.

Mr. Bates was able to reassure us on the following points:

- Mr. George Bell formerly Vice-President, Group for Metropolitan Life, and his successor Mr. Jim Westlake, are now actively involved in the direction being pursued by Future Focus, and will monitor its activity in connection with its overall marketing strategy, to ensure the principles of integrity characterized by the Metropolitan name are closely followed.
- Metropolitan Life has no intention of setting up a clinic style delivery system involving ownership of facilities.
- Metropolitan Life's sales personnel will always operate with the highest professional and ethical standards.
- Due to professional sensitivity Metropolitan will no longer, as part of the sales process, publish lists of dentists names and locations of practice, but rather will utilize indicated locations on maps.
- Metropolitan is firmly committed to offering dual choice, when a client requests quotations on a capitation plan.
- Metropolitan will not promote capitation as the sole approach to creating business, but rather offer it as another option in its benefit plan alternatives.
- Metropolitan agents will not in any way imply that CDIP underwriting is an endorsement by CDA of any Metropolitan dental benefits.
- Mr. Bates assures us that through CDA, any concerns or problems can be brought directly to the President.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

Septembre, 1988

Cher collègue,

L'Exécutif de l'Association dentaire canadienne a approuvé la désignation d'un nouvel assureur pour le Régime d'assurance des dentistes du Canada à compter du 1er janvier 1989. Cette mesure permettra de continuer à vous offrir un excellent régime d'assurance aux meilleurs taux, et cela pour une période de trois ans.

Ayant jugé bon de vérifier si l'assureur actuel avait des taux concurrentiels, les directeurs de votre régime d'assurance ont demandé aux actuaires Towers, Perrin, Forsters & Crosby de sonder le marché et de faire un appel d'offres. Ils en reçurent deux de la part d'assureurs qui, intéressés et acceptant la concurrence, firent des propositions plus avantageuses que celle de l'assureur actuel. Les soumissionnaires y avaient cependant inclus des régimes de capitation dont ils faisaient la promotion. Le Conseil exécutif de l'ADC estima alors que la seule façon de changer d'assureur était d'amener un des soumissionnaires à reviser son attitude en matière de capitation, à revoir ses techniques de vente et à se montrer moins agressif.

On organisa donc une rencontre, qui eut lieu le 1er septembre 1988 à Ottawa, entre M. Alan Bates, président de la Métropolitaine, les Docteurs Don MacFarlane et Bernard Dolansky, membres du Conseil exécutif de l'ADC, M. Jardine Neilson, directeur général de l'ADC, et les Docteurs John Durran et Rod Moran, de la direction du CDSPI. Les Docteurs MacFarlane et Dolansky furent désignés à cause de la lutte qu'ils mènent pour freiner la capitation au Canada. Le Docteur MacFarlane agit aussi comme porte-parole de l'ADC.

La rencontre fut excellente et fort fructueuse. Nous avons trouvé que M. Bates était une personne très cordiale. Il nous a assuré que la Métropolitaine pouvait se montrer sensible à nos préoccupations et satisfaire à nos exigences. La rencontre s'est terminée par la rédaction d'un mémoire d'entente définissant les règles que la Métropolitaine s'est engagée à observer. Ces dispositions démontrent que la compagnie s'est montrée fort conciliante et que nous pourrions développer d'excellentes relations.

.../2

A la suite de cette prise de position de la part de M. Bates, les participants ont recommandé à l'Exécutif de l'Association de désigner la Métropolitaine comme assureur du RADC à compter du 1er janvier 1989. L'Exécutif accepta la recommandation à l'unanimité, s'appuyant sur la consultation des dirigeants des organisations provinciales et rassuré que la Métropolitaine comprenait bien la perception que l'ADC c'est toujours faite de la promotion plus qu'agressive de la capitation. La Métropolitaine nous a assurés qu'elle prendra une attitude plus réservée dans la vente de la capitation et qu'elle respectera les plus hautes normes professionnelles et d'éthique.

Nous croyons avoir ainsi trouvé la meilleure compagnie d'assurance au pays qui soit prête à satisfaire nos besoins. Sur le plan administratif, son personnel travaillera en étroite liaison avec celui du CDSPI et nous prévoyons avec confiance que se développera une relation d'affaire durable et mutuellement avantageuse.

Nous devons aussi souligner l'excellent travail qu'ont accompli en votre nom le conseil d'administration du CDSPI ainsi que nos consultants, M. Don McGrath et Mme Janet Zwarick, de TPF&C.

Je vous prie d'agréer l'assurance de mon entier dévouement.

Le président,



Jack W. Niedermayer, B.A., D.D.S.

MEMOIRE D'ENTENTE

entre
L'Association dentaire canadienne
et

La compagnie d'assurance-vie Métropolitaine du Canada

le 1er septembre 1988

Les dirigeants de l'ADC et M. Alan Bates, président de la compagnie d'assurance-vie Métropolitaine du Canada, se sont réunis le 1er septembre 1988, à Ottawa, pour examiner l'offre que la Métropolitaine avait faite concernant le RADC, offre qui comportait de grands avantages pour les dentistes adhérant à ce régime d'assurances. La rencontre a permis aussi de discuter ouvertement avec M. Bates des inquiétudes que soulevait la société Future Focus, qui appartient entièrement à la Métropolitaine, dans le cadre de la controverse de la capitation qui préoccupe beaucoup d'entre nous depuis trois ans.

- M. George Bell, ancien vice-président aux assurances collectives de l'Assurance-vie Métropolitaine, et son successeur, M. Jim Westlake, s'occupent déjà activement des orientations que prend Future Focus et ils en surveilleront les activités en ce qui a trait à sa stratégie de mise en marché, veillant ainsi à faire respecter les principes d'intégrité qui caractérisent la Métropolitaine.
- La Métropolitaine n'a aucune intention de mettre sur pied un réseau de prestation de services genre cliniques impliquant la propriété des installations.
- Le personnel du service des ventes de la Métropolitaine respectera toujours les plus hautes normes professionnelles et les règles d'éthique.
- A cause du caractère délicat de la pratique sur le plan professionnel, la Métropolitaine ne publiera plus, comme technique de vente, de listes de dentistes ou de cabinets dentaires et de leurs adresses, mais ne fera qu'en indiquer l'emplacement sur une carte.
- La Métropolitaine s'engage fermement à offrir l'alternative quand sa clientèle demande une estimation sur un régime de capitation.
- La Métropolitaine ne présentera pas la capitation comme étant la seule façon de mousser les affaires, mais l'offrira plutôt comme étant un choix parmi les divers régimes qu'elle offre.
- Les agents de la Métropolitaine ne laisseront entendre en aucune façon que la clientèle du RADC constitue un appui de l'ADC à tous les régimes d'assurance dentaire offerts par la Métropolitaine.
- M. Alan Bates nous assure que l'ADC pourra lui soumettre directement toute question ou tout problème qui pourrait surgir.

November 22, 1988

Canadian Dental Association
Attention: The President
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6



The Imperial Life Assurance Company of Canada
95 St. Clair Avenue West, Toronto, Canada M4V 1N7
(416) 926-2600

IMPERIAL LIFE

Dear Sirs:

Canadian Dental Insurance Plans

This is in reply to Dr. Durran's letter of November 2 to Don Jarvis. Imperial Life is not in agreement with the arrangements proposed in that letter.

As I indicated in my letter of September 27 to the CDA, CDA's decision to terminate the group LTD policy and individual life insurance arrangement effective December 31, 1988 constitutes a repudiation of CDA's contractual obligations with the result that Imperial is relieved of its obligations after December 31, 1988, under the group LTD policy and the Master Agreement respecting individual insurance.

While we repeat that in the present circumstances the policyholders of individual life insurance policies issued under the Master Agreement do not generally have any right to exercise the conversion privilege, such policyholders generally do have a right to continue coverage by paying renewal premiums. The amount of the renewal premium is to be determined by Imperial.

As a result of CDA's repudiation, CDA and the policyholders cannot have the benefit of the premium rates which might have applied under provision 11 of the Master Agreement had that Agreement terminated as contemplated under provision 3. Accordingly, we will be notifying CDSPI of very substantial premium increases applicable to all premiums due on or after January 1, 1989. These new premiums will be designed on an actuarially sound basis to reflect the increased risk implicit for these policyholders who choose to continue their insurance. We regret having to take this action.

Page 2

November 22, 1988

Canadian Dental Association
Attention: The President

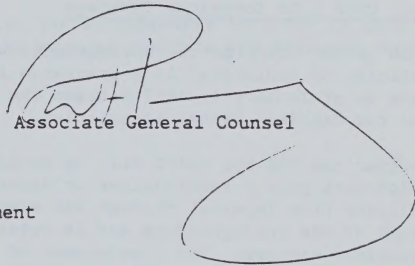


IMPERIAL LIFE

Canadian Dental Insurance Plans

We will also be holding CDA liable for the loss which Imperial will suffer as a result of the premature termination. The amount of that loss cannot yet be determined, but we believe it will be substantial.

Yours very truly,



Associate General Counsel

R. W. Haig

c.c. J. E. Durran, DDS
Chairman
Council on Insurance and Investment



CDSPI

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Metro Toronto
Telephone: 497-7117

Western Canada, Atlantic Canada
Ontario Area Code 807
1-800-268-5418

Quebec and Ontario, except Area Code 807
1-800-268-3411

November 2, 1988

Mr. D. B. Jarvis, CLU
Special Accounts Manager
The Laurentian Imperial Company
95 St. Clair Avenue West
Toronto, Ontario
M4V 1N7

Dear Mr. Jarvis

Re: CDIP Life Insurance Coverage

This letter confirms the arrangements which are to apply in connection with the policies of individual life insurance issued under Amended Master Agreement 2596 made as of January 1, 1987 between the Imperial Life Assurance Company of Canada and the Canadian Dental Association.

Neither the CDA nor CDSPI will be sending notices to the holders of the policies concerning policy terminations or conversion rights. The purchase of insurance policies from Imperial through the exercise of conversion rights is a personal right of the policyholders and is outside the scope of the Canadian Dentists' Insurance Program. The involvement of CDA and CDSPI in this matter will therefore be limited to referring policyholders who inquire about conversion rights to the appropriate representatives of Imperial.

Imperial will immediately provide CDSPI with the name and telephone number of the person at Imperial to whom inquiries relating to policy terminations or conversions are to be directed by CDSPI. Imperial will accept all requests for conversion made prior to January 31, 1989 regardless of whether the policyholder exercising the conversion rights is applying for life insurance coverage under CDIP with Metropolitan Life. Imperial will provide to each policyholder who requests conversion an application form and a premium schedule and will handle directly (rather than through CDSPI) the processing of all applications submitted. The premiums offered will be Imperial's normal rates generally offered to persons purchasing life insurance policies of the types to which the policyholders are entitled to convert in accordance with the terms of their current policies.

After January 31, 1989, Imperial will give notice to each assignee of an individual life insurance policy currently purchased through CDIP of the termination of that policy for non-payment of premiums unless the policy has been converted by the policyholder. In the case of policies which have been converted, Imperial will follow its normal procedures in order to have the

Mr. D. B. Jarvis, CLU

- 2 -

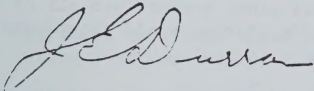
November 2, 1988

assignment take effect with respect to the policy to which the originally assigned policy has been converted. CDSPI will provide reasonable assistance to Imperial through the provision of data and information in connection with the mailing of the notices of termination of the assignments.

We will attempt to resolve any other matters which arise between us in a reasonable manner so that the transitional arrangements can be implemented as smoothly as possible. Imperial will cooperate with the CDA and CDSPI in facilitating the termination of the arrangements relating to the CDIP policies as quickly as practicable. In servicing Long Term Disability and Office Overhead Expense claims during the run-off period, Imperial will provide to CDSPI, the CDA and the claimants service which is prompt and courteous and which is otherwise at a level which is equal to or better than insurance industry standards.

Please confirm Imperial's agreement with the arrangements outlined in this letter by signing and returning to us as soon as possible the enclosed duplicate copy of this letter.

Yours truly



J. E. Durran, D.D.S.

President, CDSPI

Chairman, CDA Council on Insurance and Investment

We confirm our agreement with the arrangements outlined in the foregoing letter.

The Imperial Life Assurance Company
of Canada

By: _____

Date: _____



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3
Metro Toronto
Telephone: 497-7117

Western Canada, Atlantic Canada
Ontario Area Code 907
1-800-268-5418

Quebec and Ontario: Except Area Code 907
1-800-268-3411

Office of the Executive Vice-President

TO: Jardine Neilson

FROM: Kingsley D. Butler - CDSPI Executive Vice-President

DATE: January 20, 1989

RE: Plan re Refused LTD/OOE Claimants

Further to your telephone conversation with Dr. Moran of January 20, 1989, I provide for your information the following brief points regarding "Our Plan" to pay claimants who have submitted claims to Imperial Life for LTD or OOE, and have been refused because they have made the claim outside of the time frame outlined in the contract.

1. The Plan has been discussed with Beth Moore and in principle, can be done.
2. The Plan has been discussed with Jan Zwarick at TPP&C and in principle, can be done.
3. Since we cannot quantify dollars involved at this time, because not all of the facts are known, we must ask Metropolitan Life if they would adjudicate the claims.
4. Beth Moore will draft a letter to each of the 11 claimants, asking if they will sign a letter authorizing Imperial Life to transfer all the information they have on the claims over to Metropolitan staff. This letter will also indicate that Metropolitan staff may contact the individuals in order to obtain additional information in order to quantify each claim.
5. Once claims are quantified, payments would commence.
6. As there is not sufficient surplus in the LTD and OOE to pay these claimants, a loan would be made from the LIFE Surplus to the LTD and OOE Plan.
7. This loan would be specifically set up as a separate reserve in the LTD/OOE Plan.
8. The loan agreement would pay the same interest on the loan to the LIFE Plan as the surplus would receive if it remained with the LIFE Plan.
9. As reserves are released on the LTD and OOE, the loan would be paid down.
10. As profits are released over the first years from Imperial Life to Metropolitan for the claims and reserves remaining with Imperial Life, these transfers (if any) would be used to pay down the loan.

11. Any pay down would be done on a formula basis of a certain percentage remaining in the LTD and OOE, and a certain amount of the surplus being paid back to the LIFE loan.
12. There would be a specific time frame of three years attached to the loan.
13. If at the end of three years, the loan had not been repaid to the LIFE Surplus, there would be an increase to the LTD rate in order to pay it off. If this should be the situation at the end of the three years, there would have to be a rate increase anyway, in order to satisfy any deficit that remained in the LTD and the OOE Plan.

We have been made aware of the fact, starting January 1, 1989, the Federal Government will be specifically addressing surpluses that are in Life insurance plans. These surpluses, if not specifically allocated to a specifically named project, will attract income tax. TPF&C is currently reviewing this for us and will be recommending how the surplus can be sheltered. The above Plan provides some additional sheltering of surplus from such tax.

This Plan has been put together on the basis that three goals are being achieved. The first is that these individuals who have paid for their coverage and who have now been refused their coverage, are now going to have that coverage honoured, in the shortest time frame possible. Secondly, it reduces or eliminates any bad publicity that the Plan could receive. Thirdly, it shows that their associations are standing behind them.

The above is a very brief outline of our "Plan". Please feel free to contact me during your meetings if I can be of assistance in any way concerning this item.

We propose to have a conference call with the Board of Directors of CDSPI on Tuesday, January 24, 1989, at which time they will be brought up to date on all of the details concerning this item.

KDB/mav

CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

P.O. BOX 36
SUITE 3600
TORONTO DOMINION CENTRE
TORONTO, CANADA
M5K 1C5

TELEX 085-24553
TELECOMPAR (416) 362-2381
PARICOM (416) 860-1245
CABLE ADDRESS "APNOLD" TORONTO
GENERAL TELEPHONE (416) 362-2401

A. BETH MOORE
868-34
DIRECT LINE 030328-C
OUR REF

January 26, 1989.

Mr. Kingsley D. Butler,
Canadian Dental Service
Plans Inc.,
Suite 600, 2 Lansing Square,
Willowdale, Ontario,
M2J 4Z3

Dear Kingsley:

Claims denied by Imperial Life under Disability Insurance Policy

We understand that the Canadian Dental Association and Canadian Dental Service Plans Inc. are considering, in order to avoid the unfavourable publicity and consequent damage to CDIP which is likely to result from the denial by Imperial Life of eleven policy claims, making arrangements for those claims to be assessed by Metropolitan Life Insurance Company of Canada and paid using a loan to the disability insurance plan surplus fund either from the surplus of the life insurance plan or from CDSPI funds. The loan would be limited to a fixed amount, drawn only as required to pay the claims and repaid from the disability insurance plan surplus over a three year period. If surplus in the disability insurance plan did not accumulate to the level required to make the appropriate repayments, premiums would be increased beginning in 1992 to a level sufficient to generate the surplus required for repayment. Interest equal to the interest then being earned on other funds, either by CDSPI or by the life plan surplus, would be paid to the lender of the funds from the disability insurance plan surplus.

A loan by CDSPI would have to be authorized by CDSPI's directors. In order to give such authorization the directors would have to determine that the making of the loan was in the best interests of CDSPI as a corporation and that it was within CDSPI's powers to make the loan.

CDSPI's objects, as set out in its Letters Patent and Supplementary Letters Patent, empower it "to provide assistance to professional associations of dentists throughout Canada in administering insurance programs for the benefit of members of the dental profession and their employees." Section 16 of the Canada Corporations Act lists powers which a corporation can exercise as ancillary or incidental to its objects. These powers include the power to lend money to any person having dealings with the corporation and the power to aid by way of loan any person with whom the corporation has business relations. The making of the loan in question would therefore appear to be permitted under CDSPI's objects.

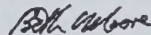
In determining whether the loan is in the best interests of CDSPI the directors will have to consider how secure the repayment arrangements are and what real benefits CDSPI will achieve from the making of the loan. The directors may be aware of factors apart from the maintenance of good relationships between CDSPI and its members which would make it in CDSPI's interest to give the loan or may consider this factor sufficient in itself to justify this action.

The use of the life plan surplus to fund the loan appears to be easier to justify than the use of CDSPI funds for this purpose. Any such loan will have to be authorized by the CDA Executive Council. It would also be useful to have the Council's decision ratified by the CDA Board of Governors as an indication of their support of the Council's action. The Executive Council will have to determine whether

the use of the life plan surplus for this purpose is appropriate. This will involve satisfying themselves that the funds will be secure and that there is no realistic likelihood of them not being repaid, that the interest payment arrangements will give the life plan at least as favourable a return on investment as would have been achieved had the loan not been made and that it is in the interests of the life plan and its participants that the loan be made. Since Imperial Life's failure to pay the claims in question is likely to damage all of the CDIP plans, not just the disability plan, and since, because of the large number of participants who participate in both the life and the disability plans the life plan is likely to be damaged more than any of the other CDIP plans, there do appear to be benefits to the life plan which would justify making the loan assuming that the concerns relating to security of the principal and return on investment can be satisfactorily dealt with. The decision of the CDA Executive Council to make use of the disability plan surplus funds to pay the claims in question will be subject to the considerations outlined in my letter to you dated December 5, 1988.

If either CDSPI or the CDA Executive Council authorizes the loan in question the minutes of the meeting containing the authorization should document the factors on which the decision has been based so that it will be clear that careful consideration was given to the issues relevant to the decision to make the loan. Similarly the rationale for using the disability insurance plan surplus funds to pay the claims should also be carefully documented if a decision is made to proceed in this manner.

Yours truly,



A.B. Moore

ABM:KH

ANALYSIS OF LATE LTD/OOR CLAIMS BY PROVINCE/TERM

@ January 25, 1989

British Columbia	1	Possible Short Term
Alberta	2	1 Long Term, 1 Short Term
Manitoba	2	Both Short Term
Ontario	3	2 Short Term, 1 Possible Short Term
Québec	1	Short Term
P.E.I.	1	Possible Short Term
Nova Scotia	1	Long Term
	11	

*Short Term Means: Now back to work full time.

*Possible Short Term Means: Could go back to work full time within one year or less.

*Long Term Means: Could be permanently disabled.

<u>Short Term</u>	<u>Possible Short Term</u>	<u>Long Term</u>
6	3	2

*Based on CUSPI determination subject to review by insurance claims experts.

CAMPBELL, GODFREY & LEWTAS

P.O. Box 36, Suite 3600
Toronto-Dominion Centre
Toronto, Canada M5K 1C5
Telephone (416) 362-2401

Teletypewriter (416) 362-2381
Rapicom (416) 860-1249

Telex 065-24553
Cable Address "ARNOLDI" Toronto

Fax Transmission

Date: December 5, 1988

Total number of pages (including this one): 3

Fax No: 497-9257

If you do not receive all the pages,
please telephone or telex immediately

From: Mrs. A. Beth Moore

Our Ref: 030328-004

To: Mr. Kingsley D. Butler,
Canadian Dental Service
Plans Inc.,
Suite 600, 2 Lansing Square,
Willowdale, Ontario,
M2J 4Z3

Dear Kingsley:

LTD/Office Overhead Expense Payments Out of Surplus

We have considered the issues raised in your letter dated November 24, 1988. The issues relating to the use of funds held as plan surplus were considered in some detail in our letter to you dated September 11, 1986.

Under the By-laws of the Canadian Dental Association, the Executive Council of the CDA is required to act as trustee for all insurance retention funds or surplus or reserve funds of the CDIP plans. Any decision to pay the amounts in question out of plan surplus should therefore be approved by the CDA's Executive Council. As indicated in our September 11, 1986 letter, the Executive Council must be satisfied in making its decision that the proposed use of the surplus is of benefit to the plans and the plan participants.

Given that the most desirable manner of distributing surplus is through a pro rata distribution based on how much of the surplus is attributable to the contributions of the various policyholders and that the proposed distribution appears on its face to be an application of surplus attributable to the contributions of several policyholders to benefit a single policyholder, it is questionable whether the payment of these amounts from plan surplus can be justified. If, however, the CDA Executive Council can reasonably conclude that if the dentist's claim is not paid the plans will, because of the compassionate circumstances which apply, receive damaging publicity which will ultimately be detrimental to the interests of the participants in the plans, a decision to pay what are relatively small amounts in order to preserve

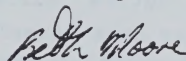
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the integrity of the plans should be supportable. The resolution approving payment should indicate that the payments are being made for this purpose.

A draft form of release is enclosed for your consideration. In order to avoid having its enforceability called into question at a later date you should advise the dentist to obtain independent legal advice as to his rights of action on the policy before accepting payment and signing the release.

If you have any questions or comments concerning the form of the release or the issues discussed in this letter please let me know.

Yours truly,

A handwritten signature in cursive script, appearing to read "A.B. Moore".

A.B. Moore

ABM:kh
Attach.

R E L E A S E

TO: CANADIAN DENTAL ASSOCIATION,
CANADIAN DENTAL SERVICE PLANS INC. AND THE
IMPERIAL LIFE ASSURANCE COMPANY OF CANADA

In consideration of the sum of \$9,918 now paid by you, collectively, to me, the undersigned, (the receipt and sufficiency of which I hereby acknowledge) I hereby release and forever discharge each of you of and from all actions, suits, debts, duties, claims and demands whatsoever which I now have or may have hereafter for or by reason of or in any way arising out of my rights as an insured under [insert descriptions of policies] in connection with injuries and losses sustained by me as a result of a motor vehicle accident which occurred on [date of accident].

I confirm that you have advised me to obtain independent legal advice prior to executing this Release and that I have [done so/declined to do so].

The provisions of this Release shall enure to the benefit of your successors and assigns and shall be binding upon my heirs, legal personal representatives, successors and assigns.

Dated at _____ this _____ day of December, 1988.

SIGNED, SEALED AND DELIVERED)

in the presence of:)

)
)
)
)
)

_____ (seal)



APPENDIX V

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

February 6, 1989

Mr. Kingsley Butler,
Executive Vice-President
C.D.S.P.I.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

Re: Special Rated Lives

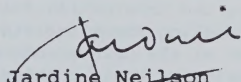
Your letter of January 12, 1989 on the above subject was reviewed by the Executive Council at a meeting held on January 27-28.

Based on the information provided by you in your letter, the endorsement of the Council on Insurance and Investment, and the comment from TPF&C on the risk factor, the Executive Council has approved the motion as submitted by the Council on Insurance and Investment which is quoted below:

"THAT the twenty-two special rated lives currently insured by Imperial Life be brought under the umbrella of the Canadian Dentists' Insurance Program."

The approval of the special rated lives will be noted in the Executive Council's report to the Board, and Dr. Durran may also wish to comment on it when he presents the report of the Council on Insurance and Investment.

Sincerely yours,


Jardine Neilson
Executive Director

c.c.: Executive Council
Dr. James N. Wright, CDA Member at Large

/msg



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Metro Toronto
Telephone: 497-7117

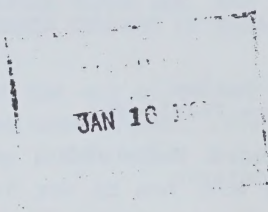
Western Canada, Atlantic Canada
Ontario Area Code 807
1-800-268-5418

Quebec and Ontario: Except Area Code 807
1-800-268-3411

Office of the Executive Vice-President

January 12, 1989

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6



Dear Jardine

Re: Special Rated Lives

At a conference call of the CDSPI Board of Directors on Tuesday, January 10, 1989, an agenda item relating to special rated lives was discussed.

As a brief background, these lives refer to dentists who, at the time of the changeover of the Life Plan to Imperial Life, had health problems and were considered special risks to CDIP at that time. Consequently, they were given coverage by Imperial, but they were given that coverage outside of the Plan and at individual Imperial Life rates.

Currently there are 22 individuals on this list. The total sum for which they are insured is \$432,500. Most of the coverage is in the \$10,000-\$25,000 range, except for one individual who has \$100,000.

We were made aware of the fact that these individuals would be receiving a substantial premium increase in 1989, as Imperial no longer felt obligated to keep these people insured. The increase could be in the area of 400%. Based on this news, we contacted Metropolitan Life, who agreed to look at the "group".

We managed to obtain from Imperial Life the list of names, birth dates and the amounts of coverage. They refused to provide anything further.

This list was presented to Metropolitan, and they reviewed the makeup of the group based on the information available and have indicated to us that the best approach to handling these individuals would be to enroll the 22 lives into the CDIP Life Plan at the CDIP standard rates. The amounts of coverage and current terms and provisions would continue to apply.

This would mean not only premium savings to some individuals, but it would also provide them with the protection and security of the umbrella of the CDA, CDSPI and the Canadian Dentists' Insurance Program.

Handwritten initials and date:
SD
1/11

Mr. A. Jardine Neilson

- 2 -

January 12, 1989

On this basis, we provided the above details to our Board during the conference call and a Motion as moved by Dr. Rasmussen, and seconded by Dr. Dolansky, was considered as follows:

"THAT THE TWENTY-TWO SPECIAL RATED LIVES CURRENTLY INSURED BY IMPERIAL LIFE BE BROUGHT UNDER THE UMBRELLA OF THE CANADIAN DENTISTS' INSURANCE PROGRAM".

This Motion was carried unanimously.

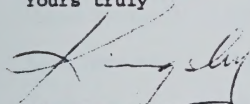
We would ask that the Canadian Dental Association's Executive Council accept this recommendation from the Council on Insurance and Investment accordingly, and once approved we will provide letters and application forms to the 22 individuals, who would then enter into the group on a non-medical basis.

TPF&C have commented on this as follows:

"We believe that the spread of risk and overall premium are sufficient to withstand any negative impact due to any claims arising from this group of individuals. We also note that it will be administratively simple to roll the coverage over to Metropolitan".

We look forward to receiving your approval on this as quickly as possible, so that we can communicate with the participants accordingly.

Yours truly



Kingsley D. Butler, C.A.
Executive Vice-President

KDB/dcd

cc Dr. J. N. Wright
Dr. G. Dubé

SCHEDULE FOR DR. JACK W. NIEDERMAYER, PRESIDENT1988-891988

August 20	Executive Council	Edmonton
August 21	Meeting with CDSPI Board of Directors and CDA Executive Council	Edmonton
September 7	Welcome to the Profession - U. of Toronto (represented by Dr. Kevin Roach)	Toronto
September 21-22	Annual Meeting of Fed./Prov. Dental Directors Health Council	Winnipeg
September 26	Welcome to the Profession - Western (represented by Dr. B. Dolansky)	London
October 8-13	American Dental Association/FDI Congress	Washington
October 13	Welcome to the Profession - Dalhousie (represented by Dr. R. Wenn)	Halifax
October 18	Information Night - University of Toronto (represented by Dr. J. Gryfe)	Toronto
October 20	Toronto All Societies Meeting (represented by Dr. K. Roach)	Toronto
October 20	Meeting between QDSA Executive and CDA re Re-Tendering (represented by Dr. Dolansky and Mr. Neilson)	Montreal
October 26-27	Management Committee	Montebello
October 28-30	Executive Council/Planning Session	Montebello
November 7	Information Night - University of Western (represented by Dr. B. Dolansky)	London
November 14-15	NDEB Annual Meeting (represented by Mr. A.J. Neilson)	Ottawa
November 16	Welcome to the Profession - Laval University (represented by Dr. G. Dubé)	Québec
November 25-26	ODA Fall Board Meeting (represented by Mr. A.J. Neilson and Dr. K. Roach)	Toronto

1988

December 6	Moose Jaw Dental Society Meeting	Moose Jaw
December 13	Saskatchewan Institute of Applied Arts and Technology (Address by the President)	Regina

1989

January 19-21	Manitoba Dental Association Annual Meeting and Convention	Winnipeg
January 25	Management Committee	Whistler
Jan. 27-28	Executive Council Pre-Board/Budget	Whistler
Feb. 10	CDA/ODA Management Meeting re Electronic Data Interchange	Toronto
Feb. 24	CDA/CDSPI Management	Toronto
Feb. 25	Ontario Dental Nurses and Assistants' Association Meeting (represented by Dr. E. MacSween)	Ottawa
March 9	CDA/ODA Management Meeting - EDI	Toronto
March 30	Management Committee	Ottawa
March 31-Apr. 1	CDA Interim Board of Governors	Ottawa
April 1	Presidents and CEO's meeting	Ottawa
April 2	ACFD/CDA Senior Officers Meeting	Ottawa
April 7	Reception - Dr. Schwartz	Winnipeg
April 27-29	ODA Convention	Toronto
April 30-May 1	ODA Board	Toronto
May 5-6	Newfoundland Annual Meeting	Corner Brook
May 25	University of Saskatchewan - Graduation Banquet	Saskatoon
May 26	University of Toronto - Graduation Luncheon (represented by)	Toronto
May 29-June 1	Les Journées dentaires du Québec	Montreal

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1989

June 1-4	Annual Convention - College of Dental Surgeons of Saskatchewan	Yorkton
June 3	New Brunswick Annual Meeting (represented by Dr. R. Wenn)	St.Andrews
June 7	Management Committee	Ottawa
June 8	Media Training	Ottawa
June 9-10	Executive Council Pre-Board	Ottawa
June 23-24	N.S.Dental Association Annual Meeting	Truro
June 26	Annual Meeting - C.D.H.A. (represented by Dr. B. Dolansky)	Ottawa
June 28-July 1	International Symposium on Dental Hygiene (represented by Mr. Neilson/Mr. Henderson)	Ottawa
August 3-4	Dental Officer Training Plan Phase III Graduation Ceremonies	CFB Borden
August 25-26	Annual Meeting of Board of Governors	Vancouver
August 27-30	CDA Convention	Vancouver

BOLD: Tentative dates

1989-03-30

COMMITTEE FOR CONSUMER PRODUCTS RECOGNITION

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Michael Eggert, Chairman, Edmonton
Dr. George Bowden, Winnipeg
Dr. Ed. Chan, Montréal
Dr. Brad Chapple, Port Hope
Dr. Hardy Limeback, Toronto
Dr. Harinder Sandhu, London

Executive Liaison: Dr. Bernie Dolansky, Ottawa

Observer: Dr. Mona Akoury, Health Protection Branch

Coordinator: Ms. Janice Forsythe

1. Committee Meetings

The Committee has met twice since it last reported to the Board, on June 16 and October 13, 1988.

2. Liaison Activities

Dr. Hardy Limeback represented the Committee at the recent Xylitol Conference sponsored by Xyrofinn, manufacturers of Xylitol. This conference gathered together experts on Xylitol from around the world. It was very productive for Dr. Limeback to sit in on this meeting as he will use the information learned there in assisting the Committee in its development of a position on the use of non-cariogenic sweeteners. Drs. Limeback and Eggert are also developing a position paper on Xylitol which will go forward to the Board in future.

During the summer, Dr. Eggert and Ms. Forsythe met with Mr. R. Ferrier, Dr. R. Armstrong, Dr. M. Akoury and Ms. M. Ho at Health Protection Branch headquarters. This was a very productive meeting at which both CDA and HPB representatives had the opportunity to learn more about what is entailed in their evaluation of product submissions. It was felt that such meetings should be held at least annually to discuss matters of mutual interest.

For example, it was learned at this meeting that the HPB does not review ads which are targeted for the profession. These ads are controlled by the Pharmaceutical Advertising Advisory Board (PAAB). The Committee has therefore requested observer status on the PAAB.

Dr. Eggert and Ms. Forsythe took the opportunity at the annual meeting in Edmonton to meet with representatives from various manufacturers regarding their submissions on the subjects of gingivitis control agents and also on sucrose substitutes.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Fluoride Guidelines

Dr. Hardy Limeback has been asked to review and update the fluoride guidelines to reflect current scientific evidence. Any proposed changes in the guidelines will be brought to the Board's attention.

4. Definition of a New Product vs. a Formula Change

The Committee is developing a flow chart to assist applicants in determining whether their application involves a renewal, a modification of an existing product, or an entirely new product. The information will serve to streamline the submission of full applications. This will allow the Committee to guide the companies and also to decide whether the proposed changes amount to minor or major formula modifications.

5. Anti-Gingivitis Statement

The Committee has had some difficulty in having accepted by the HPB an appropriate wording for products which are granted the Seal of Recognition for chemotherapeutic anti-gingivitis properties. The following draft statement has been sent to the HPB for its further consideration:

"(Product name) contains (ingredient) which, in our opinion, helps to control only minor inflammation of the gums due to plaque above the gumline, and is useful in a regular program of oral hygiene and professional care."

The Committee has also advised HPB that packaging of all OTC gingivitis control products, not only those that might be recognized by the Committee, should carry a statement such as: "If bleeding, enlargement, or irritation of the gums continues longer than two weeks, you should seek professional advice."

Such a statement would be intended to limit inappropriate self-medication. We have not as yet heard from HPB on this matter.

6. Food and Drug Administration Announcement

The FDA's announcement of their crackdown on certain companies whose products make anti-gingivitis or anti-plaque claims prompted the Committee to adopt a policy stating that any consideration of a product under CDA guidelines will also take into account not only the position of the HPB, but also that of the FDA and that of any other national regulatory body.

7. Adverse Drug Reaction Reporting Form

The Committee is in the process of developing an Adverse Drug Reaction Reporting Form for use in the dental office. It is intended that this form will be sent to CDA and then forwarded on to the HPB. This will allow both bodies access to the information contained in the form.

8. Placement of CDA Crest on Packaging

The Committee has decided that if a product makes more than just a fluoride claim (i.e. tartar control), then the Seal must only appear on the side or back panel with the fluoride statement, so as not to confuse the public.

9. Product Recognition

The following new products have been granted the Seal of Recognition:

Sesame Street dentifrices by Oral-B;
Oral-B Fluorinse 0.05%.

10. Communication of Committee Activities

The Committee plans to submit an article to the Journal of the CDA explaining that the Seal of Recognition for fluoride content applies only to the anti-carries activity of fluoride in consumer products. The Seal of Recognition for fluoride content does NOT involve evaluation of cosmetic claims, such as those claiming control of supragingival calculus.

Dr. Limeback and Dr. Eggert are also in the process of writing an article on sucrose and sucrose-replacement agents, such as Xylitol, for the Journal.

11. Appreciation

Once again, a vote of thanks must be extended to the dedicated members of the Committee for Consumer Products Recognition and to the Committee's Coordinator, Ms. Janice Forsythe and her staff, Miss Louise Préfontaine and Miss Carolyn McHugh.

Respectfully submitted,

F. Michael Eggert, D.D.S.,
MRCD(C), M.Sc., Ph.D.,
Chairman, Committee for
Consumer Products Recognition

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee for Consumer Products Recognition with appreciation.

CONVENTION COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Michel Jahjah, Chairman - Montreal
Dr. Robert N. Hicks, Vancouver
Dr. Bob Clarke, Vancouver
Dr. Jim Stich, Vancouver
Dr. Ron Zokol, Vancouver
Mrs. Diane Markey, Vancouver

Coordinator: Miss Leila Chatterjee

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

I. Convention Philosophy

(a) Format/Structure

The annual Canadian Dental Association convention should be a showpiece event by which CDA is able to profile itself and its activities to all dentists in Canada. It should be a high calibre activity that demonstrates to members that CDA is a well organized and progressive organization serving the current and ongoing needs of the membership. It should also be an activity that brings together all members of the dental team and their respective organizations so each is visible to the members they serve. In fact, a forum should be created in which the CDA President is able to address both the membership and the entire dental team.

The convention should be structured as a membership service whereby CDA members are able to attend at minimal cost. Registration fees in all categories should be reasonable to make attendance cost effective for all concerned.

Convention content should focus on the continuing education needs of the dentist and staff. Political issues should not play a role in the convention framework. Dentists and their staff should attend the convention to learn to do what they do better. Depending on when the convention is held, it can be structured to encourage family attendance. Social, spouses', and children's programs can be featured. It should not be forgotten, however, that the primary focus should be that of an educational/business meeting serving the needs of dentists and their staff. The best speakers, clinicians and exhibitors should be recruited to meet this need.

(b) Marketing

In order to attract as many delegates as possible, the CDA must aggressively market its convention. This includes the development of promotional materials on a continual basis for publication in the CDA Journal and elsewhere. Separate mailings to the profession, promotion of the meeting to dental staff, assistants, and hygienists, and ongoing liaison with the dental industry are essential. CDA's commitment to convention planning should be emphasized to all groups and especially to the dental industry. We should continually seek their support and their input.

(c) Structure

CDA's objectives can only be met through a revamping of its current in-house operation. A full time convention coordinator has been hired and appropriate support staff will be recruited when needed. Plans are underway to establish a centralized registration and housing system with the appropriate space and equipment. A general chairman has been selected to centralize both the planning and control of the convention and to establish an ongoing pattern of administration. A building block approach is being adopted whereby consistency of planning becomes the foundation upon which to grow.

(d) Committee Structure

The Convention Committee is comprised of the General Chairman and two or three other members as recommended by the Chairman. The role of these members is to suggest and propose initiatives in their respective areas of responsibility - i.e.: social, scientific, exhibits, etc. All final decisions and execution of activities will be done centrally through CDA headquarters. For CDA's 1989 Vancouver meeting, the local arrangements committee has taken on the role of advisor to the General Chairman in specific areas as designated.

(e) Cities, Hotels, Convention Centres

It is too early to determine what CDA's future needs will be. Discussions have focused on a variable locale as well as a permanent convention site. Time and experience will determine these issues. CDA, in the short term, is maintaining its current practice of changing its yearly locale. Cities being considered should have an adequately sized convention centre with sufficient space for over 200 exhibits, luncheon facilities for 1,000 persons, space for five or more concurrent lectures, and a minimum of 1,000 bedrooms in close proximity to the convention site. These requirements may change over time.

Future Recommended Sites

1989 - Vancouver
1990 - Ottawa
1991 - Québec City
1992 - Calgary (projected)
1993 - Ottawa or Halifax (projected)
1994 - Vancouver - FDI

Time of Year

Strong identification with the convention by members requires consistency in the quality of presentation, in the convention format, and in the timing each year. Timing considerations should include:

- CDA Board requirements;
- dates of the FDI, ADA, and other U.S. meetings;
- dates of provincial meetings;
- religious holidays;
- hotel and convention centre availability;
- weather/seasonal requirements.

CDA's conventions to 1993 are scheduled for late August/early September - the weekend prior to Labour Day weekend. Although this particular time frame has not always been CDA's first choice, conflicts with the above mentioned criteria have positioned CDA within this framework for the next five years. A late August date has worked well in the past - particularly in Edmonton in 1988 - when delegates could maximize holiday and family commitments with the convention. The convention, however, should be first and foremost a business meeting, catering to professional interests.

Social Events

1 - Food Functions:

In order to minimize the risks to CDA, food functions should not be included in the general registration package. When desired, these should be separate ticket items costed on a break even basis.

2 - Opening Ceremonies:

An opening ceremony should be included to provide CDA with a forum for profile and to deliver a message to its members. This will replace the annual CDA luncheon which is normally included in the registration package. Attendance should be at no extra cost and should feature an entertaining extravaganza that will entice all attendees. It should also be an opportunity to thank sponsors and supporters of the convention.

Budget

The budge of the convention should be structured to allow CDA to maintain a surplus of revenues over external expenses that can be retained as support for future CDA meetings. It is anticipated that after the 1989 convention, the convention will be open to all members at little or no cost, without the support of corporate members.

II. 1989 Vancouver Convention

August 26-30

Vancouver Trade and Convention Centre

All of the objectives outlined in CDA's general convention philosophy are being addressed in the planning of the 1989 convention.

A world class event will be showcased in Vancouver!

Pre-convention Courses

Two days of pre-convention courses will introduce the meeting. Two clinicians will be featured each day and will accommodate both a lecture format and hands on structure. The four confirmed speakers are:

Saturday, August 26

Dr. Ron Jordan on Anterior Composite Materials, Dentin Bonding Agents, Posterior Composite Restorations and Conservative Treatment of Discoloured and Malformed Dentition.

Dr. Irwin Roseman on a Better Program through Organized Endodontics (hands-on course).

Sunday, August 27

Miss Linda Miles on Practice Management and Team Building.

Dr. Michael Goldfogel on Cosmetic Technique and Management (hands-on course).

Sunday Opening

Sunday, August 27 will also mark the first day of the convention. Registration will be available to all attendees. The convention will open with an extravaganza featuring a multicultural stage show and greetings from the CDA President. Attendance is included in all registration packages. A Carnival Night will close the evening. This fun night will be open to all registrants at minimal cost and is being planned to include an array of family activities.

Exhibits

Over 200 of the most up-to-date exhibits will open Monday morning and continue until Tuesday at 6:00 p.m. Lectures will be structured to allow delegates free time to attend exhibits at lunch time and during the late afternoon. A tasty, low cost lunch will be available to all delegates on both Monday and Tuesday to maximize exhibitor exposure throughout the day.

Scientific Program

An outstanding scientific program has been planned to cater to all interests and to the entire dental team. Preliminary speakers include:

Jennifer de St. Georges
David Frederick
John Molinari

Ken Zakariasen
Goldberg & Werbitt
Dale Miles
Tom Snyder
Ernie Ambrose

Practice Management
Crown & Bridge
Infection Control &
Hepatitis
Endodontics
Implants
Oral Pathology
Computers
Restorative Dentistry

Ian Vogan
Fred Weinstein
Joel Epstein

Terry Myers

Stress and Dentistry
Bleaching
The Medically Compromised
Patient
Lasers

Mr. Alan Fortheringham will present the Murray McDonald Lecture in a non competing format on Tuesday afternoon, August 29.

In addition, special programs are being planned to feature key British Columbia lecturers and clinicians.

CDAA, BCDHA and CDHA Program

Special interest lectures have been arranged for dental hygienists and assistants.

A two year agreement has been reached with CDAA whereby CDA will administer registrations and subsidize specific program activities. Mrs. Ben Arduini has been appointed CDAA convention chairperson.

CDHA has chosen not to actively participate in the 1989 convention due to a previous commitment to support an international symposium in the spring of 1989. Discussions, however, are underway regarding the degree of their involvement in 1989 and their full participation in future CDA conventions. Ms. Barbara Hewton is the CDHA liaison in B.C. for the 1989 convention.

BCDHA, however, will participate in the 1989 convention. An interim agreement has been reached whereby registrations will be administered by CDA and activities planned of special interest to hygienists. Ms. Marcia Lerner is the contact person for these activities.

CDAA and BCDHA will be offering their respective groups to access to the entire convention program.

Spouses and Children

An exciting spouses' program and active children's program are planned under the able leadership of Mrs. Diane Markey. Highlights include lectures, luncheons, tours, and shopping for spouses, and tours of the science fair and planetarium for children.

Monday Gala

To compliment the opening ceremonies, Monday night will feature a dramatic black and white evening of fine dining and dancing to the Big Band sound. This is available at a charge of \$40.00 per person.

Convention Centre

Because of the spectacular and expansive facilities at the Vancouver Trade and Convention Centre, programming activities will be centered under the "five sails". Only the spouses' and children's programs will feature activities away from the Centre.

Tuesday Evening

Tuesday evening is planned as a free evening for delegates to sample many of Vancouver's gourmet delights. Organizers are encouraged to hold class reunions at this time.

Hotels

Vancouver has a vast array of five star hotel properties for convention delegates. Over 1,000 bedrooms have been reserved. the elegant Four Seasons Hotel will be headquarters to the CDA Board of Governors and will house the Board Meeting (August 25-26) and Installation Dinner (August 25). The Pan Pacific will be the convention headquarters hotel and will cater to delegates and exhibitors wishing to have close access to the convention.

Although hotel negotiations have been both frustrating and difficult, the Convention Committee feels it has negotiated the most reasonable rates possible. Bedroom rates range from \$95.00 to \$149.00 single/double occupancy per night.

Promotion and Publicity

The Journal continues to provide ongoing and reliable coverage of convention activities. Different events will be featured each month culminating in expansive pre-convention coverage in June '89. Registration and housing forms will appear from March through to July when early registration ends. Direct mailings to the profession will be made through the year and preliminary convention

program will sent out in April/May. In addition, Air Canada will once again be CDA's official convention carrier and will offer as incentive a grand prize of two tickets to any Air Canada destination in Europe or North America. Convention coverage will also be featured in the B.C. College bulletin and the CDAA Journal.

Registration

By special agreement with the B.C. College, CDA is able to offer all licensed B.C. dentists with free access to the convention and exhibit hall. Out of province members will pay \$125.00, non-members will pay \$190.00. In order to encourage delegates to register early, advance registration will be available to July 17 only. After that date, delegates will be required to register on site only and to pay a \$25.00 late fee per registrant.

III. Conclusion

Vancouver's spectacular natural beauty, its world class hotels and outstanding convention centre have allowed the 1989 Convention Committee to plan the meeting with enthusiasm and confidence. However, Vancouver's natural attributes cannot diminish the hard work and support being provided by both the College of Dental Surgeons of B.C., and Dr. Bob Hicks and his able team of associates- Dr. Jim Stich, Dr. Bob Clarke, Dr. Ron Zokol and Mrs. Diane Markey.

I wish to express my sincere appreciation to all those who have assisted in the planning of what I believe will be an outstanding CDA convention and will launch CDA's convention as a yearly event that cannot be missed.

Respectfully submitted,

Dr. Michel Jahjah
General Convention Chairman

ADOPTION OF REPORT

The Board of Governors accepts the report of the Convention Committee with appreciation.

DENTAL MATERIALS AND DEVICES

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Committee Members: Dr. R.Y. Barolet, Montréal, Chairman
Dr. P. Desautels, Montréal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg

Observers: Dr. P. Blais, Health & Welfare Canada
Mr. Arthur Zwingenberger, Dental Industry Association of Canada

Executive Liaison: Dr. B. Dolansky, Ottawa

Coordinator: Ms. Janice Forsythe

1. Committee Meeting

The Committee met once on January 9, 1989 since it last reported to the Board of Governors. The meeting was most successful and covered in particular the development of a recognition program for dental materials.

ITEMS REQUIRING BOARD ACTION

2. CDA Recognition Program of Dental Materials

The Committee is in the preliminary stages of developing the recognition program for dental materials.

Draft advertising guidelines have been written, as well as a draft contract. The Committee is working with the CDA lawyer to develop an application form and appropriate appendices, which will be brought to the Board in future for information.

As the basis of the program, specific ISO standards have been designated as those standards which will be used for the first products recognized. The list of products is as follows:

alloys for dental amalgam
dental mercury
dental root canal sealing materials
dental base metal casting alloys
dental casting gold alloys
dental ceramics
porcelain denture teeth
dental gypsum products
dental inlay casting wax.

The Committee will not, however, limit itself to ISO standards, but rather, draw on several sources.

The Committee's goal is to have all of the material ready and announce the program in a fall issue of the Journal.

Thus, the Committee requires Board approval on the following recommendations in order to implement the new program:

RESOLVED:

89.9 THAT the current CDA Seal of Recognition logo also be used for the Dental Materials Recognition program.

THAT Dental Materials Recognition Holders be required to sign a three-year, renewable contract with the CDA.

THAT the application fee for Dental Materials Recognition be \$2,000, with a \$1,000 renewal fee due and payable on the first and second anniversaries of the date of the contract.

THAT, for the first year of the program, \$1,000 of the \$2,000 application fee be waived in an effort to build interest among dental materials manufacturers.

THAT the following statement be used as a footnote on packaging, advertising and promotional materials for products recognized under the Dental Materials Recognition Program:

"A product recognized by the Canadian Dental Association for professional use.";

and in French:

"Un produit reconnu par l'Association dentaire canadienne pour l'usage professionnel."

ADOPTED

ITEMS FOR INFORMATION ONLY - NOT REQUIRING BOARD ACTION

3. Canadian Dental Research Foundation Award

Twenty applications for the CDRF Award were received this year. This is a record number, about which the Committee is very pleased. The Committee will report to the next Board meeting the outcome of the competition.

4. Marketplace Program on Mercury in Dental Amalgam

The Committee was pleased with the Marketplace interview with Dr. Derek Jones, even though a great number of his key points had been cut from the interview. The Committee continues to monitor research on this issue and will keep Canadian dentists informed of new developments.

In response to requests from several dentists on this topic, the Committee has recommended to the Committee on Information Services that it develop a patient information pamphlet on mercury in dental amalgam.

5. Appreciation

I would be remiss if I did not thank my colleagues on the Committee and the CDA staff for their hard work on Committee activities. The CDA will begin to rely more and more on these individuals as the recognition program develops.

Respectfully submitted,

R.Y. Barolet, D.D.S.
Chairman, Committee on
Dental Materials and
Devices

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Dental Materials and Devices with appreciation.

DENTAL SPECIALTIES COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. J.N Wright, Chairman, Winnipeg - Canadian Academy of Periodontology
Dr. H. Gaucher, Ste-Foy - Association of Prosthodontists of Canada
Dr. J. Phillips, Oshawa - Canadian Academy of Endodontics
Dr. C. Price, Vancouver - Canadian Academy of Oral Radiology
Dr. D. Precious, Halifax - Canadian Association of Oral and Maxillofacial Surgeons
Dr. R. Pass, Toronto - Canadian Association of Orthodontists
Dr. D. Mock, Toronto - Canadian Academy of Oral Pathology
Dr. B. Lafontaine, Québec - Canadian Society of Public Health Dentists
Dr. J.V. Legault, Montréal - Canadian Academy of Pediatric Dentistry

Executive Liaison: Dr. L.S. Allen, Winnipeg

Observer: Dr. R. Moran, Toronto - RCDC

Coordinator: Mrs. S. Deziel

1. Committee Meetings

The Dental Specialties Committee has met once since its last Report to the 1988 Annual Meeting of the CDA Board of Governors that being on January 6, 1989 at the CDA Building in Ottawa.

2. Changes in Committee Membership

Dr. Benoit Lafontaine has replaced Dr. Neil Farrell as the representative of the Canadian Society of Public Health Dentists. Dr. Victor Legault has replaced Dr. Arlington Dungy as the representative of the Canadian Academy of Pediatric Dentistry. The Committee was pleased to have Dr. Rod Moran, President of the Royal College of Dentists of Canada, attend the meeting as the official observer of the Royal College.

ITEMS REQUIRING BOARD ACTION

3. Task Force on the Future Planning of the Council on Education and Accreditation - Structure of the Council on Accreditation

The Committee discussed the Report of the Task Force on Future Planning of the Council on Education and Accreditation and focussed particularly on the structure of the new Council on Accreditation as approved by the CDA Board of Governors at the 1988 Annual Meeting. Concern was expressed with the representation presently allowed for dental specialties on the new Council. It was noted that the Royal College of Dentists of Canada has representation on the new Council. Views have been expressed by several of the Dental Specialty organizations that this was not sufficient or proper representation of dental specialists in Canada. Speaking for the Royal College of Dentists of Canada, Dr. Rod Moran, President, stated that the Royal College does not purport to represent all dental specialists in Canada, rather it represents the members of the Royal College.

Mr. Brian Henderson, CDA Director of Education and Accreditation, reported that the Chairman of the Council on Education and Accreditation has indicated, due to concerns expressed by the dental specialty organizations, that Council would be willing to further review the question of who represents the dental specialties on the new Council on Accreditation. He indicated that the American Dental Association Commission on Accreditation does include two dentists who are certified in special areas of practice and that they are nominated on a rotating basis by two of the specialty organizations of the eight dental specialty boards which are recognized by the American Dental Association.

RESOLVED:

- 89.10 THAT the Council on Education and Accreditation review the adequacy of representation on the new Council on Accreditation of the dental specialties, noting that the American Dental Association model has two specialty representatives on the Commission on Accreditation on a rotational basis.

ADOPTED

In unanimously adopting the previous recommendation, the Committee request consideration of the establishment of a mechanism from within the existing structure of the CDA, potentially the Dental Specialties Committee, to nominate the specialty representatives on a rotational basis.

4. Report of the Ad Hoc Committee on Infection Control-
Review of the Statement on the Use of Prophylactic
Antibiotics

APPENDIX I

The CDA Board of Governors directed at the 1988 Annual Meeting that the Dental Specialties Committee comment on the findings of the Ad Hoc Committee on Infection Control as they related to Prophylactic Antibiotics for ARC and AIDS patients. The Committee endorsed the findings of the Ad Hoc Committee on Infection Control as stated in their report on Prophylactic Antibiotics. The Committee felt strongly that the findings of the Ad Hoc Committee on Infection Control concerning prophylactic antibiotics be communicated to the dental profession as they differ from the information currently contained in the CDA policy and recommendations previously circulated.

The Committee in reviewing the report of the Ad Hoc Committee on Infection Control also found it necessary to comment on the philosophical positions contained in the report.

RESOLVED:

89.11 THAT the following statement be added to the philosophical positions on Infection Control previously approved by the Board of Governors.

"(iii) Accepting these principles, there may be situations where the procedures to be performed, or the state of the health of the patient dictates that the treatment would best be performed in a hospital environment for the safety of the patient."

The Board of Governors notes and appreciates the comments of Dental Specialties Committee, however, feels that the philosophical position has been addressed in the document produced by the Ad Hoc Committee on Infection Control.

The document developed by the Ad Hoc Committee on Infection Control entitled: "Implementation of the Recommendations for Infection Control Procedures" was circulated to the Committee and was received by them as information. Members of the Committee agreed that they would have this document reviewed by their specialty organization with a view to providing comments which could assist the Canadian Dental Association in its on-going review of this particular document as well as identify other pertinent information that should be communicated to the dental profession.

5. Third Party Restrictions on Providers of Oral Health Services

At the 1988 Annual Meeting of the CDA Board of Governors, the following motion presented by the Dental Specialties Committee was approved.

"That the Third Party Dental Plans Committee and the Government Relations Committee be informed that when definition of discipline of the provider in the delivery of insured services is a pre-requisite to payment, that this fundamentally represents an unacceptable discrimination."

The Committee reviewed the actions taken at the Executive Council Planning Session and the direction to the Third Party Dental Plans Committee to develop a CDA Statement re-iterating the right of a general practitioner to provide any service he is qualified to perform. The Dental Specialties supports the actions to be taken by the Third Party Dental Plans Committee, however, it was felt that further action was warranted from the Government Relations Committee. As there are instances where provincial government health care legislation limits the insurability of a service based on the discipline of the provider, (for example, medical practitioner vs dental practitioner), communication should be sent to the federal government to outline the CDA's position on this matter.

RESOLVED:

- 89.12 THAT the Government Relations Committee be informed that when definition of discipline of the provider in the delivery of insured services is a pre-requisite to payment, this limits the patient's right to choose the most appropriate health care practitioner.

The Board of Governors notes that the Third Party Dental Plans Committee has sufficiently addressed the matter in its report.

It is the opinion of the Committee that the CDA position on this matter should be communicated by the Government Relations Committee to the Minister of Health and Welfare Canada with the request that this item be given consideration as an Agenda item for a meeting of the Federal and Provincial Ministers of Health.

CDA submissions on the Canada Health Act outlines the Association's position; no further communication with government is warranted.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. Specialty Certification in Canada

At the 1988 Annual Meeting of the CDA Board of Governors, the Dental Specialties Committee presented a recommendation on the development of a forum to bring together all the various groups interested in sponsoring a link standard of specialty certification on a national basis. Governors adopted this motion and referred this matter to the Council on Education and Accreditation for review and further recommendation. At the 1988 Planning Session of the Executive Council, approval was given to the establishment of an Ad Hoc Committee to review issues related to the certification of dental specialists.

The Committee was informed that the Ad Hoc Committee would be generating working papers which would be given wide circulation, and that the Dental Specialties Committee and the specialty organizations in Canada, would be given ample opportunity to comment. The Committee is pleased

with the actions taken to date on this matter and recognizes the complexities of the task of the Ad Hoc Committee.

7. American Dental Association Revision of Specialty Accreditation Requirements

Mr. Brian Henderson, CDA Director of Education and Accreditation, reported to the Committee on the process involved with the ADA revision of specialty accreditation requirements. Included was a description of appropriate Canadian input. He indicated that the Council on Education and Accreditation had agreed that it would advantageous if Canadian representation could be provided to U.S. Specialty Committees undertaking the preparation of revised accreditation requirements prior to their submission to the ADA Commission. At the present time, consideration is being given to a joint letter between the CDA Council on Education and the ADA Commission on Accreditation to encourage such participation. Mr. Henderson indicated that he had accepted the responsibility of passing on all information relating to proposed changes in specialty requirements received from American specialty societies to the corresponding Canadian associations.

8. Qualifications and Credentials of Directors of Graduate Training Programs in Oral and Maxillofacial Surgery

At the 1988 Annual Meeting of the CDA Board of Governors, a resolution was adopted on recommendation of the Dental Specialties Committee, that the Council on Education and Accreditation be asked to consider that because of the unique characteristics of an appointment in Oral and Maxillofacial Surgery, that ideally Directors of Graduate Programs in Oral and Maxillofacial Surgery either possess Fellowship in the Royal College of Dentists of Canada in Oral and Maxillofacial Surgery, or obtain it within two years of become a Director.

The Committee on Documentation of the Council on Education and Accreditation has reviewed this recommendation and has reported that the current requirements do encourage such qualifications but do not make them obligatory. The members of the Dental Specialties Committee agreed that the intent of their motion was covered in the present requirements.

9. Specialty Contributors to the CDA Journal - Terms of Reference

At the request of the Publications Committee, the Committee reviewed the Terms of Reference for Specialty Contributors to the CDA Journal. Dr. Ralph Crawford, Editor of the Journal, reported to the Committee on the background of specialty contributors and the intent for the terms of reference to more clearly define their role. The Committee provided Dr. Crawford with the following comments:

- 1) That the term "specialty editor" be substituted for "specialty contributor";
- 2) That section iii) of the terms of reference be changed as follows:

"Appointed by the President of the Canadian Dental Association (on the recommendation of the Publications Committee, selecting from nominees from the appropriate specialty society) a three year term renewable once."

- 3) That section ii) of the terms of reference be changed as follows:

"Certified dental specialists with demonstrated expertise in scientific writing."

Dr. Crawford indicated he would writing to the specialty sections concerning nominees for these specialty editors.

10. Third Party Items

The Committee reviewed the CDA material on Direct Reimbursement and also information relative to CDA activities concerning a national Dialogue in Dentistry program. The members of the Committee was urged to ensure that specialty sections keep up to date on CDA initiatives in regard to these items to ensure maximum benefit of the efforts made by CDA in this regard, and that there be no unnecessary duplication of effort.

11. Liability Insurance Coverage for Specialty Section Executives

The Committee reviewed information from the CDA Director of Administration concerning the actions he had taken to investigate the feasibility of an umbrella policy for Directors' and Officers' Errors and Omissions Insurance for the Canadian specialty sections. The administrative procedures necessary are underway and it is hoped that this matter will be resolved in the near future.

12. CDA Uniform System of Codes and List of Services

The Committee reviewed correspondence from Dr. Edward Hannigan, President of the Canadian Academy of Periodontology, expressing some concern with the periodontics section of the Uniform System of Codes and List of Services. Dialogue with the Third Party Dental Plans Committee is underway and consideration will be given to the concerns expressed by Dr. Hannigan. Members of the Committee were urged to communicate with their specialties indicating that the CDA Third Party Dental Plans Committee would welcome their input on the Uniform System of Codes and List of Services developed for generalists, if deemed appropriate.

The Committee also reviewed correspondence from the Third Party Dental Plans Committee which outlined the process underway to determine if the specialty sections would be interested in integrating their specialty codes with the CDA Uniform System of Codes and List of Services. It was agreed that the national specialty associations should alert their provincial organizations to provide comment and input which should be requested from them via the Corporate bodies of the CDA.

13. Implantology

At the 1988 Annual Meeting of the CDA Board of Governors, a recommendation from the Dental Specialties Committee was adopted as follows: "That the Canadian Association of Oral and Maxillofacial Surgeons and Canadian Academy of Periodontology suggest that their members work exclusively with licensed dentists for the prosthetic rehabilitation

of implant patients...." Dr. Legault, representative of the Canadian Academy of Pediatric Dentistry, indicated that this motion had been of great assistance in discussion of this matter between the specialty sections in the province of Québec. He expressed appreciation to members of the Committee for their actions in this respect.

14. Publication of Specialty Executives in the CDA Journal

Members wished to express their appreciation to the Canadian Dental Association and the Editor of the CDA Journal for publishing the names of the Executives of Specialty Sections in the November 1988 issue of the Journal. The Committee hoped that the publication of this information would continue on an annual basis.

Respectfully submitted,

James N. Wright, Chairman
Dental Specialties Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Dental Specialties Committee with appreciation.

RECOMMENDATIONS FOR INFECTION CONTROL
IN THE TREATMENT OF DENTAL PATIENTS
(INCLUDING THOSE WITH HEPATITIS B, AIDS,
AND OTHER COMMUNICABLE DISEASES)

1. The dental team should be familiar with and always practise acceptable infection control procedures, and ensure that effective personal barrier protection is employed during the treatment of all dental patients. (See enclosed)
2. With respect to AIDS:
 - (a) Dentists should be aware of the oral manifestations of AIDS and AIDS Related Complex (ARC), and be prepared to refer suspect patients for appropriate medical investigations.
 - (b) Health and Welfare Canada has advised that there is no medical reason why AIDS patients should not be treated in the private dental office with appropriate precautions. However, as such patients are often hospitalized and may have many complicating medical problems, treatment in a hospital dental unit may be more appropriate.
 - (c) Dental care for AIDS and symptomatic ARC patients should be given after consultation with the attending physician.
 - (d) In the dental care of AIDS patients, emphasis should be given to the maintenance of optimal oral hygiene. Since AIDS patients have compromised resistance, treatment should be done with appropriate antibiotic prophylaxis.
 - (e) Symptomatic ARC patients may be offered comprehensive dental treatment with antibiotic cover, where appropriate.
 - (f) Asymptomatic but HIV positive individuals may be treated using effective personal barriers as otherwise healthy patients.
 - (g) AIDS is a reportable disease in several Canadian provinces.

Canadian Dental Association
November, 1987

COMMITTEE ON ETHICS

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. J.R. Brookfield, Chairman, Kirkland Lake
Dr. M.A. Lasko, Winnipeg
Dr. B.N. Rocky, Vancouver
Dr. B.G. Saik, Calgary
Dr. B. Creaser, New Germany

Executive
Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Mrs. S. Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Committee has not met recently, but it has been re-activated to deal with current issues.
2. In November 1988, Dr. Jack Niedermayer appointed Dr. Jim Brookfield as Chairman of the Committee on Ethics.
3. The Committee has been in communication and will be working towards a resolution of the following issues:
 - a) To develop a statement on the replacement of serviceable amalgam restorations in patients who are not allergic to mercury;
 - b) To include a statement on a patient's Bill of Rights encompassing freedom of choice of practitioner and that this Bill be included in the CDA Code of Ethics;
 - c) Overall review of the Code of Ethics;
 - d) To determine if there are increasing problems with intra-professional relationships and if there is a need to address this issue.
4. The Board should note that the CDA Journal has or will be shortly printing three articles on Ethics by Dr. Arthur Schaeffer. These articles are interesting and provocative and the Committee looks forward to an active response.

Respectfully submitted,

Jim R. Brookfield, Chairman
Committee on Ethics

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Ethics with appreciation.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Jack Gryfe, Chairman - Weston
Dr. Elizabeth MacSween, Ottawa

Executive
Liaison: Mr. Jardine Neilson

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings and Liaison Activities

APP. I

Periodic meetings and discussion have taken place since the Committee's Report to the 1988 Annual Meeting of the Board.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Tobacco Products Control Regulations

On November 7, 1988 the Health Protection Branch of Health and Welfare Canada issued draft regulations for the Tobacco Products Control Act (Bill C-51) as Information Letter No. 754. As you are aware, the CDA was a strong supporter of Bill C-51 and lobbied in its support along with other national health associations.

The draft regulations were disappointingly weak. The CDA has expressed its concern in this regard in two forms:

- (i) a letter to Health Minister Epp from President Niedermayer prior to the official release of Information Letter N. 754, and
- (ii) in a formal response to Information Letter No. 754.

Our concerns are shared by other national health associations including the Canadian Medical Association, the Canadian Cancer Society and the Canadian Council on Smoking and Health (CCSH).

The Canadian Council on Smoking and Health has indicated that provincial initiatives in response to the regulations may be effective. Information was forwarded to Corporate Members for whatever action they deemed appropriate.

2. Health and Welfare Canada

Efforts continue, through discussion with departmental officials, to promote cooperative initiatives with Health and Welfare to distribute AIDS related information to the profession.

Currently, plans are underway for a mailing to the profession early in 1989 of the publication entitled "AIDS: What Every Responsible Canadian Should Know".

Participation in the Health and Welfare Steering Committee on Dental Health Promotion continues through CDA's representative, Dr. Elizabeth MacSween. The development of a survey to provide input to the Steering Committee from various groups concerned in oral health care is underway. Further reports on activities will be provided as appropriate.

3. Bill C-82 - Lobbyists Registration Act

APP. II

The Lobbyists Registration Act has been reviewed for applicability to CDA officers. An opinion has been received from the Lobbyists Registration Branch which indicates that the Chairman of CDA's Taxation Committee would be required to register as a Tier II lobbyist; appropriate action will be pursued.

4. Organ Donor Program

In 1987, CDA became a member of the Canadian Coalition on Organ Donor Awareness.

After a review of a 1987 program co-sponsored by the Canadian Medical Association, the Pharmaceutical Manufacturers Association of Canada and Health and Welfare Canada, the CDA initiated a program of information and incentive, directed towards the dentists of Canada. The April 1988 issue of the Journal of the Canadian Dental Association included information co-sponsored by CDA and Health and Welfare and the addition of a number of tear-out Organ Donor Cards supplied by PMAC.

As a follow-up, a brief questionnaire seeking feedback on CDA's activities in this regard was forwarded to dentists in Ontario and Québec in November, 1988. The results will be reviewed to gauge effectiveness and acceptability.

5. Canadian International Development Agency (CIDA)

The Committee continues to work towards increasing the involvement of CDA in third world assistance through CIDA. Two projects have been reviewed but not pursued as they do not fall within the scope of the Professional Association's Program.

APP. III

Guidelines to assist those interested in project submission have been developed. Provision of information to the membership through the Journal or Communiqué will be pursued.

6. Government Relations Functions

Two Government Relations functions will be coordinated through the Committee in conjunction with the 1989 Interim Meeting. Firstly, a dinner with an appropriate government related guest speaker will be held on Thursday March 30; secondly, a reception for CDA Chairpersons and their contacts in various federal government departments will be held on Friday, March 31.

Respectfully submitted,

Jack Gryfe, Chairman
Government Relations Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Government Relations Committee with appreciation.

GOVERNMENT RELATIONS

APPENDIX I

SUMMARY OF ON-GOING ACTIVITIES

Schedule of activities and meetings for the period ending January 1989

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
J. Neilson	Sept. 9	Indian & Northern Affairs	F. Drummie	Associate Dep.M'n.	Indian Health Services
J. Neilson	Sept. 29	Agriculture Canada	Y. Jacques	ADM-Corporate Planning	Association/ Govt.Affairs
J. Gryfe E. MacSween	Oct. 13	Health & Welfare	J. Lee	Chmn. Steer. Cttee.	Dental Health in the Year 2000
J. Neilson	October 20	Supply & Servs. Canada	A. Ross	ADM Services	Contract Admin. Policy
Executive Council	Oct. 28	Medical Services Branch	J.R. Moore W. Bedford M. Keeley G. Lynch	Dir.Gen. Sr. Consult. Dir. Pol.Plan. Dir. Gen.	Presentation Transfer of Health Servs. to Ind. Control
J. Neilson R. Thordarson B. Holmes E. MacSween	Nov. 7	Medical Services Branch	D. Nicholson W. Bedford	Medical Serv. Meeting	CDA/MSB

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
R.N. Hicks	Dec. 2	Finance	B. Wurts		Sales Tax
J. Neilson	Dec. 5	Transport Canada	K.A. Sinclair	ADM - Policy Coordination	Dental Plans Admin. Govt.
J. Neilson	Dec. 19	Tourism Canada	A. Cocksedge	ADM-Tourism	International Congress Support



C-82 Implementation Project,
Lobbyists Registration Branch,
Place du Portage,
Phase II, 4th Floor,
Hull, Quebec
K1A 0C9

Votre référence Your file

Notre référence Our file

October 18, 1988.

Ans 21
Mr. Jardine Neilson,
Executive Director,
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario
K1G 3Y6

Dear Mr. Neilson:

Thank you for your letter of September 29, 1988 concerning The Lobbyists Registration Act, which is expected to come into force by proclamation in early 1989. I will ensure you receive the necessary registration forms and related documentation at that time.

According to the information which you provided, the Chairman of one of the committees of the C.D.A. is an officer of the Association who receives compensation for the performance of duties described in Sections 5(1)(a), (b) and (d) of the Act. He (she) would be considered to be an "employee" of the Association for the purposes of Section 6(3) of the Act if a significant part of his (her) duties fall within the terms of Section 5(1).

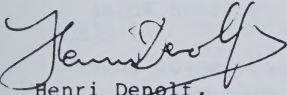
.../2

- 2 -

I would like to mention that the opinion expressed here is for interpretative guidance only and should not be considered a legal opinion.

Thank you very much for your interest in this matter.

Yours sincerely,


Henri Denolf,
Project Manager

/mcr

News Release



Consumer and
Corporate Affairs Canada

Consommation
et Corporations Canada

NR-25272

Immediate release

Bill to register paid lobbyists receives Royal Assent

OTTAWA, September 14, 1988 -- Bill C-82, an Act respecting the registration of lobbyists, received Royal Assent late yesterday.

"This legislation helps open up the process of government to public scrutiny," said Consumer and Corporate Affairs Minister Harvie Andre. "At the same time, our lobbyist registry will require only information which contributes to open government and not to red tape."

The Minister stated that the registry would be in place early in the new year. "We need a reasonable period of time to prepare the necessary regulations. We also need to prepare public education and awareness programs for all the players involved -- public office holders, lobbyists and the general public."

The registry will be a two-tiered system with different reporting requirements for each tier. Openness and accessibility are key to the system. Administration of the registry will be kept simple to allow the public a view of lobbyists and their activities, and to keep open the channel of communication between lobbyists and public office holders.

Tier-one lobbyists are professional, third-party paid lobbyists who often represent more than one client at a time. Tier-two lobbyists are employees who, as a significant part of their duties, lobby the government on behalf of their employer. Employees of corporations, trade unions, or professional associations, among others, would fall into this category.

- 30 -

Reference: Sheila Meagher
(819) 997-3530

(Version française
disponible)

NR-88-50

BILL C-82 - AN ACT RESPECTING THE REGISTRATION OF LOBBYISTS

Note: The purpose of this document is to give practical answers to common questions. It is not intended to be a replacement for the Act. When it is important to have a precise knowledge of its provisions, please consult the Act itself.

1. Q. What is the purpose of the Act?

A. The purpose of the Act is to let public office holders and the general public know who is trying to influence the federal government. This is to be accomplished through the setting up of a Registry for lobbyists which will not impede free and open access to government.

2. Q. Who will be considered to be a "lobbyist" for the purposes of this Act?

A. Individuals who, for payment, communicate with federal public office holders for the purpose of influencing the development, introduction, passage, defeat or amendment of legislation, regulations, policies, programs, the awarding of grants, contributions or contracts. There are two types of paid lobbyists subject to this Act:

Tier I or "professional" lobbyists lobby on behalf of a "client". Lobbying is the essence of their business, and they often identify themselves as consultants.

...2

Tier II or "other" lobbyists lobby on behalf of their employer. They should register when a significant part of their duties involves communicating with a public office holder. Tier II lobbyists typically can be found in large organizations, and have titles such as Vice-President of Public Affairs, Director of Government Relations.

Reporting requirements are different for each type.

There is yet another group of lobbyists, namely those who lobby on a voluntary basis, often for a cause. Voluntary lobbyists are not paid for their services, and they do not have to register.

3. Q. When will this Act come into force?

A. The Act will come into effect on a date set by proclamation in early 1989. Regulations and guidelines will be drafted during the intervening period. There are no obligations prior to proclamation.

4. Q. What will be the obligations of federal public office holders?

A. There will be no obligation under this Act applicable to public office holders, which includes all government officials.

5. Q. How much will the Registry cost?

A. Yearly operating costs are estimated at approximately \$750,000 including salaries for a staff of four.

6. Q. What will be required of lobbyists under the Act?

A. Lobbyists will be required to register. The Act does not attempt to regulate lobbying activity. It creates a simple registration system for paid lobbyists.

Professional (Tier I) lobbyists will be required to file a form identifying their name and business address, the name of their firm if applicable, the name and address of their client, parent and

...3

subsidiary names and addresses if the client is a corporation, and the proposed subject matter.

Other (Tier II) lobbyists are required to file a form containing no more information than what is on their business cards, i.e. their name and the name and address of their employer.

It should be noted that individuals who are attempting to sell goods or services to the federal government for their own or their employer's account do not have to register. This simple sales function is not considered lobbying under the Act. However, individuals attempting to sell on behalf of clients have to register (Tier I).

7. Q. How will lobbyists be informed about their obligations?

A. An information campaign to reach all involved parties will be undertaken well before the proclamation date in early 1989.

8. Q. How will the Act be enforced?

A. Responsibility for compliance rests with lobbyists and the Act provides for severe penalties in the event of non-compliance. Depending on the circumstances, penalties can be up to \$100,000 in fines and/or two years in jail.

A public office holder or any member of the general public who has evidence of a lobbyist not complying with the Act may call the RCMP or the Registrar. Evidence brought to the attention of the Registrar will be forwarded to the RCMP for investigation.

9. Q. Who is exempt from the provisions of the Act?

A. There is a list in the Act (section 4) of those who are exempt, including elected officials and employees of other levels of government in Canada, accredited diplomatic personnel or representatives of international organizations.

As well, registration is not required of the normal day-to-day representations that are made to public office holders concerning the enforcement, interpretation or application of any Act.

10. Q. Who is the Registrar of Lobbyists?

- A. The Registrar of Lobbyists will be appointed by the Registrar General of Canada during the next few months. In the interim, enquiries may be directed to the attention of:

Mr. Henri Denolf, Project Manager
Lobbyist Registration Branch
Bureau of Corporate Affairs
Consumer and Corporate Affairs Canada
Place du Portage II, 4th Floor
165 Hôtel-de-Ville Street
Hull, Quebec K1A 0C9
(819) 953-7144

(Version française
disponible)



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

September 29, 1988

Mr. André Denols, Project Manager, C-82
Bureau of Corporate Affairs
Consumer and Corporate Affairs Canada
Place du Portage
4th Floor, Phase II
Hull, Québec
K1A 0C9

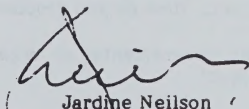
Dear Mr. Denols:

I am writing on behalf of the Canadian Dental Association to request clarification of Bill C-82, the Lobbyists Registration Act and its application to certain officers of the Canadian Dental Association.

Officers are members of the CDA who serve in a volunteer capacity; policies of the Association allow for the payment of per diems as compensation for time lost in the dental practice through official business of the Association. The Chairman of one of our Committees is such an officer, who does from time to time communicate with public office holders on behalf of CDA for the purpose of attempting to influence matters referred to in paragraph 5(1)(a), (b) and (d) of Bill C-82. Per diems would be paid to this officer in the pursuit of these activities.

We require clarification of whether this officer is considered an "employee" under Section 6(3) and would therefore have to meet the registration requirements under Tier II if a significant part of his activities fall within Section 5(1).

Sincerely yours,



Jardine Neilson
Executive Director

/msg

CDA GUIDE FOR CIDA PROJECT SUBMISSIONSGENERAL BACKGROUND OF HEALTH CONDITIONS

1. Please give some brief background information on the health conditions in your country and if your project relates to a specific region, on that region.
2. Briefly describe governmental and non-governmental development plans as well as health plans and services for that region.

THE SPECIFIC PROJECT

1. What are the specific objectives of this project?
How will they be implemented and evaluated?
2. How does this project proposal meet the most important health needs of the specific population?
3. Who and approximately how many people will benefit from this project?
How will they benefit? How will this project improve health conditions?
4. How will the beneficiaries of the project participate in the formulation, implementation and evaluation of the project?
5. Who is responsible for the implementation of the project? How will it be supervised? What human resources will be required to implement the project, and are these available?
6. Please outline a schedule of activities for the duration of the project indicating:
 - a) a time-line for each activity,
 - b) who is responsible for its implementation,
 - c) how it will be evaluated?
7. What current structures or organizations exist which will support this project? Are back-up/referral services required?
8. What obstacles do you anticipate may affect implementation of the project. How do you propose to overcome these?
9. What governmental or organizational authorizations are required for the project?

10. Draft a proposed budget including the approximate cost of materials, equipment, transportation, labour, personnel and administrative costs. Please indicate what can be contributed from local sources and the amount you are requesting from the CIDA through CDA.
11. If this is an ongoing project, please indicate how and when will it become self-supporting.

CIDA Sub-Committee
October 1988

PROJECT CRITERIA

The project submission should include:

1. Clearly stated and measurable objectives.
2. An indication of how this project contributes to the global strategy of Health for All.
3. A plan for implementation of the project which includes the activities and proposed completion dates for the specific phases of the proposal.
4. Identification of the human resources (and their availability) for implementation of the project.
5. An evaluation process throughout the project.
6. Clear identification of the beneficiaries of the project and their participation in the development, implementation, evaluation and control of the project.
7. Background information on health conditions, regional development plans, and governmental and non-governmental development programmes underway in the region.
8. A description of the support and involvement of collaborating organizations and government agencies.
9. A complete budget which includes approximate dollar cost and in-kind contribution, and plans for achieving financial self-sufficiency.

CIDA Sub-Committee
October 1988

COMMITTEE ON HEALTH CARE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Member: Dr. David Sage, Interim Chairman,
Woodstock

Executive Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Ms. Janice Forsythe

1. Committee Meetings

The Committee on Health Care has not met since its report to the 1988 Annual Meeting; business was conducted by correspondence and telephone.

ITEMS REQUIRING BOARD ACTION

2. Hepatitis B Vaccines

The resolution on the Heptavax vaccine which was passed by the Board of Governors at its meeting of April 4-5, 1986, has become outdated.

RESOLVED:

89.13 THAT the Canadian Dental Association recommend the use of Heptavax-B, Recombivax HB and Engerix-B, as proven, efficient and effective preventive measures against Hepatitis B. Vaccination is recommended for all dental students, dentists, dental assistants, dental hygienists, dental laboratory and dental research personnel who are in contact with patients' blood, saliva or body fluids.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Committee Membership

I am disappointed to inform you that Drs. Andrew Toeman and Ted Fantin both resigned from the Committee on Health Care in 1988, for personal reasons. I would be remiss if I did not thank these two gentlemen for their dedicated service to the Council on Health Care over many years.

I have taken over the chairmanship of the Committee on an ad hoc basis. As the Committee may be amalgamating with the Committee on Hospital and Institutional Services, these members will not be replaced at this time.

Respectfully submitted,

David Sage, D.D.S.,
Interim Chairman
Committee on Health Care

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Health Care with appreciation.

INFORMATION SERVICES COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Council Members: Dr. Paul O'Brien, Chairman
Dr. William Hettenhausen, Thunder Bay
Dr. Gaston Lafrenière, Hull
Dr. Amanda Maplethorpe, Vancouver
Dr. Greg Ritson-Bennett, Innisfail

Executive Liaison: Dr. Les Allen, Winnipeg

Coordinator: Linda Teteruck

1. Council Meetings

Committee met once since the last Board, on Friday, September 23, 1988. Mr. Mark Sarner was a guest at this meeting.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Consumer's Guide

Mr. Sarner provided an update on activities related to the solicitation of funds for translation and distribution of the Consumer's Guide through insurance carrier networks. Companies not in conflict with CDA policies have been identified, but there have been no further developments.

Efforts to procure Federal Government funding were not successful.

This pamphlet is being advertised at meetings with dental insurance industry representatives, and it is hoped that this brochure will eventually be distributed to schools, public libraries, etc. and not just through dentists.

3. Procedures for the Oral Care of Chronic Care Patients

This booklet is now in print in both languages. Complimentary copies were distributed along with an order form, to accredited hospitals, contributors and executive of the CDHA.

INFORMATION SERVICES COMMITTEE

Efforts are underway to advertise and sell the booklet as part of the CDA publications program. It is being made available at a cost of \$6.00 per member and \$12.00 per non-member.

Arrangements have also been made to advertise in the March issue of Probe at a price of \$6.00 for CDHA members. This special price for hygienists is in return for their large contribution to this project. Hygienists who are not members of CDHA would pay \$12.00.

4. Dental Health Month 1989

In keeping with the success of the "Keep Smiling" campaign of 1988, the Committee decided that 1989 would build on this concept. App. I

The new theme "Celebration of a Smile" was selected in order to take a creative approach to the development of promotional materials and programming suggestions. But, it is the intent that the programming activities will take advantage of already existing "Keep Smiling" materials.

The focal point of the campaign is the new "Celebration of a Smile" poster. A leading Canadian illustrator was commissioned to provide artwork which would capture smiles. It is hoped that the poster will become a permanent fixture in dental offices, as it will be suitable for framing. CFDE has donated \$10,000 to help defray the cost of this item.

Other new materials produced for this year's campaign include a magnetic sticker which could be displayed on refrigerators, filing cabinets or dental cabinets. A "Keep Smiling" banner and life size "Bob" will also be created provided that orders are received in sufficient quantities. T-shirts, golf shirts and sweatshirts displaying "Bob" and the "Keep Smiling" message are also being made available.

An April magazine supplement, television public service announcement and an educational video are all presently being marketed to corporate sponsors as potential dental health month projects also. These projects are not possible within the program's present budget, and therefore will not come about if corporate sponsorship is not secured.

INFORMATION SERVICES COMMITTEE

Special arrangements were made this year in order to institute cost savings to corporate bodies ordering quantities of materials. Provincial associations ordering prior to January 15, 1989 received a 25% discount on materials, and were able to select the method of transportation most convenient to them provided that shipping was paid for by the provincial association. Ontario dental societies were included in this particular pricing structure due to the Ontario Dental Association's decision to not act as an intermediary in the distribution of dental health month materials.

The committee expressed concern regarding the use of "Bob" and the "Keep Smiling" message on provincial materials. While the Committee felt that efforts such as this were commendable and should be encouraged, there is a need to set a protocol with regard to the CDA identity. Artwork and logos are the sole property of CDA and cannot be compromised or altered. Dr. Allen was asked to bring this matter to the attention of Executive Council. App. II

Executive Council commented that provincial participation in CDA Dental Health Month/Dental Awareness Projects and activities should be integrated into and supportive of these centralized programs and not separate and competitive with them.

5. Dental Awareness Program

September Magazine Supplement

The magazine supplement "Planning to Keep Your Teeth for a Lifetime?" appeared to be well received by both the public and the profession. The supplement appeared in September issues of Canadian Living, Images and Coup de Pouce magazines.

Ten copies of the supplement were distributed to all dentists, with an order form for more courtesy of Colgate-Palmolive Ltd. Corporate members were invited to order bulk amounts for distribution also.

As of January, 1989 orders from dentists and provincial dental associations indicate that over 221,000 english copies and 37,000 french copies are in circulation. This represents an additional \$350,000 in corporate leverage.

App. III

First Teeth

The Committee expressed concern about the tardiness of follow-up action on the First Teeth Program. It was felt that the initial momentum of the program will be lost if dentists are not permitted to reorder soon.

Manifest is still in discussion with Colgate regarding their commitment of \$500,000 to marketing and promoting the First Teeth program over the next two years.

CDA has made a commitment to fulfill all first time orders from dentists for the program. At the present time, arrangements are being made to restock all items and bring the distribution of items in-house. Reorders will be sold to the dentist. Future mailings will include a reorder form.

It is hoped that the program will be fully operational once again in the first quarter of 1989.

Gallup National Omnibus Survey 1988

The Gallup National Omnibus Survey on dental health attitudes was completed in July, 1988. The survey was a repetition of the 1985 survey. It was completed in order to assess change in Canadian's dental health attitudes and provides us with a tool to measure the effectiveness of the Dental Awareness Program.

The results of the survey have been circulated to all Board members and will be published in the November 1988 and March 1989 issues of the Journal.

CDA Pamphlet/Patient Communication Program

- a) Catalogue: Plans are underway to revise the current Dental Awareness Program/Patient Education Materials catalogue. A future edition featuring new materials and new pricing structure will appear in the March issue of the Journal.

INFORMATION SERVICES COMMITTEE

- b) Manifest is currently seeking corporate sponsorship for the new Patient Communication Program which will replace the current pamphlet program. Several corporations have been approached, and negotiations are underway with those that have expressed interest.

6. Media Training

The Committee was pleased to note that media training is considered to be an ongoing program for Executive Council members and that another session is scheduled for June 1989, as recommended by the Committee in March, 1988.

7. Corporate Leverage

In addition to Colgate's commitment of \$500,000 for the First Teeth Program, corporate leverage generated for the 1988 dental health supplement which appeared in the September issues of Canadian Living, Coup de Pouce and Images magazines, represents a value of \$350,000.

This represents a total commitment of \$3.15 million in corporate dollars to the Dental Awareness Program to date.

Respectfully submitted,

Dr. Paul O'Brien, Chairman
Information Services Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Information Services Committee with appreciation.

DENTAL HEALTH MONTH '89

UPDATE

Manifest Communications Inc.

172 John St.

Toronto, M5T 1X5

(416) 593-7017

15 September 1988.

DENTAL HEALTH MONTH '89 UPDATE

STRATEGIC APPROACH

As outlined in the Dental Health Month 1989 Action Plan approved in June, 1988, the theme of Dental Health Month 1989 is KEEP SMILING. To keep Canada smiling during Dental Health Month, Manifest is taking a creative approach to the development of promotional materials and programming suggestions which we're calling **"a celebration of the smile."**

The strength of the concept is that it directly establishes the dental profession as one that is warm, human, and approachable. As evidenced by the recent Gallup poll findings on attitudes and behaviour towards dental health which shows a sharp reduction in the anxiety levels attending visits to the dentist, this approach is having noticeable success.

To help Canadians celebrate the smile during Dental Health Month, we are working on a number of unique promotional and programming activities: Chief among them is a major development in the use and creation of posters during Dental Health Month. Manifest is approaching corporate sponsors to commission, on behalf of the CDA, four to six of Canada's top illustrators to create posters which celebrate the smile. Each poster will bear the Keep Smiling message; but each illustrator will interpret the message and creative approach within his or her own artistic style.

The result will be an entirely unique series of posters which will be of such quality that they will find a permanent place on the wall of dental offices across Canada. The development of a series, of course, depends on corporate sponsorship, but the general approach is workable within the framework of only one poster and within the constraints of the DHM budget if necessary.

While a single image like Bob and Keep Smiling can become a poster, a poster series can become an event: There are an extraordinary number of programming possibilities which derive from this new poster series. For

example, the posters will be of such a quality that they can be used and valued as prizes for the poster contest winners provincially. Provincial dental associations might wish to sell the posters and donate the funds to charity on behalf of the dental profession, or they can donate the series to local seniors' homes, hospitals or city halls and invite the media to the presentation. The only limit on the possibilities is the imaginations of all those working to keep Canada smiling during Dental Health Month.

The creative approach of celebrating the smile will also guide the design of other new promotional and programming materials, for example:

- Using the "celebration of the smile" approach to the design of the order forms and planning kit supplement cover. The order forms and cover will feature a montage of smiling people wearing Keep Smiling/Bob T-Shirts.
- The creation of colourful and lively Keep Smiling/Bob T-Shirts which will be distributed to DHM chairpersons with the planning kit supplement in November, and subsequently sold through the order forms.
- Production of an upbeat 5-minute video which celebrates the smile and outlines the the 5 Point Prevention Plan (Discussions are already underway with a specific corporate sponsor for this project.)

SURVEY OF DHM CHAIRPERSONS:

Throughout the summer, Manifest Communications Inc. surveyed DHM chairpersons and provincial association communications officers to determine what initiatives they would recommend for 1989 Dental Health Month activities, as well as to canvas opinion on various DHM initiatives under consideration.

A number of suggestions came out of this survey (which canvassed about 70% of the people involved) which gave rise to the celebration of the smile creative approach and which have been useful in planning the production of

materials and proposals for programming activities which will be featured in the planning kit supplement. Key comments include:

- General support for the creation of a five-minute video on the 5 Point Prevention Plan which could be used as both an aid for display tables and a speaker support tool. This is consistent with the finding that setting up display tables and placing speakers on local talk and interview shows are by and large the most common activities organized during Dental Health Month.
- Strong support for the development of a 30-second television spot for PSA distribution which would be valuable and widely used, although financing such a project is of concern since many provincial associations organize DHM activities on slim budgets.
- Regional DHM committees in B.C. have developed some interesting community-based programming activities during Dental Health Month -- these include denture clinics in seniors' homes, children's clinics etc.
- The poster contest is popular with many associations, and indeed in many regions results in strong local media coverage. The creation of a suitable prize which could be used by all provincial dental associations was proposed.

Canadian Dental Health Month

Key Date Schedule

ACTIVITY - Planning Kit Supplement

To DHM locals on Nov 10/88

KEY DATES:

- present draft/design for client approval
- CDA changes returned to Manifest
- revised draft/design to CDA for approval
- cover & contents to printing
- distribution

Sept 27
Oct 5
Oct 7
Oct 13
Nov 10

ACTIVITY - Materials Order Form

KEY DATES:

- agreement on approach for two order forms
- distribution to The Journal
- inclusion w/planning kit

Sept 15
Oct 7
Nov 10

ACTIVITY - Poster

Available for photography
Available for distribution

Nov 10
Dec 15

KEY DATES:

- CDA approval of concept
- CDA approval of photography, copy
- distribution

Sept 23
Oct 7
Dec 15

ACTIVITY - T-shirts

KEY DATES:

- available for photography
- distribution to DHM locals
- delivery to CDA inventory
- distribution to celebrities for photography opportunities

Oct 7
Nov 10
Jan 4/89
Feb 1/89

ACTIVITY - Five-minute Video on the 5-Point Prevention Plan

KEY DATES:

- First draft script approval
- CDA approval, final draft
- Production
- Distribution to DHM chapters

Dec 9
Jan 13/89
Jan 27 - 31/89
Feb 1/88

ACTIVITY - 30-second television spot

[Pending discussion with CDA and provincial dental associations on funding]
Distribution needed

Feb 10/89

KEY DATES:

- First draft storyboard for CDA approval
- Final CDA approval
- Distribution

Dec 16
Jan 13/89
Feb 10/88

ACTIVITY - Cosmetic Dentistry Supplement
for national magazine

[In addition to the September 1989 supplement]

KEY DATES:

- CDA concept approval
- final decision
- insertion deadline

Sept 23
Oct 15
Jan 22/89

ACTIVITY - Promotional Materials Inventory

Key Dates

- CDA approval of inventory levels for existing
Keep Smiling and Bob promotional materials
- re-ordering of materials
- delivery into CDA inventory

Sept 27
Oct 15
Dec 15



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMORANDUM

TO: CEO'S - Corporate Members, DHM Chairpersons
FROM: Kimberley Allen-McGill, Information Officer
DATE: November 15, 1988
RE: OWNERSHIP - CDA Materials

As you are aware, for the 1988 Dental Health Month Campaign the CDA launched "Bob" and the "Five Point Prevention Plan" and the "Keep Smiling" theme. We have been extremely pleased with the results of this particular campaign, and we are now receiving requests from you, our provincial counterparts, to reproduce "Bob" on your own materials.

In order to maintain consistency in terms of "Bob's" reproduction, this matter was discussed at a CDA Executive Council meeting, October 28 - 30. The results of the discussion are as follows:

- a) We are delighted that provincial dental organizations wish to use "Bob" and the "Keep Smiling" message on additional materials, but as all CDA Corporate members have paid for the development and productions costs for this character and the graphics involved, acknowledgement must be given to the CDA, or the CDA and the Provincial Corporate body, when displaying this figure.
- b) The Canadian Dental Association logo should appear in a position of prominence on all items produced, or the statement "graphics reproduced with the permission of the Canadian Dental Association", should be printed on the item.
- c) CDA requires proofs, or artists' renderings prior to publication, in order to grant formal permission to utilize. Copies of the printed documents would also be helpful for our files, once the item has been produced.

I hope this information is helpful, and we would be pleased to respond to any questions you may have in this regard.

Kimberley Allen-McGill

cc: Members of Executive Council
Members of the Information Services Committee
L. Teteruck, Director of Communications
A.J. Neilson, Executive Director
Anita Casperson, B.C. College
Dr. Keith Hamilton, Saskatchewan College
Mrs. Pat Frank, Alberta Dental Association
Doreen Guthrie, ODA
Public Relations Officer, NSDA
Jacques Richer, ODQ

App. III

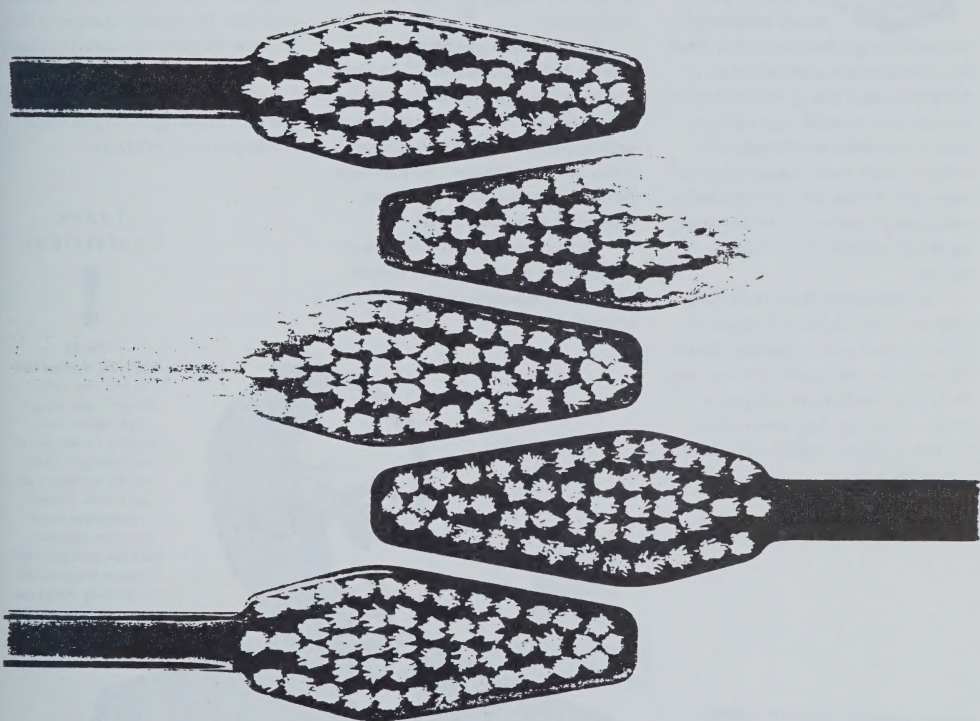
Planning to keep your teeth good for life? Then you'd better have a plan.

PRESENTING
The Canadian Dental Association's
5 Point Prevention Plan



DENTAL HEALTH
Good For Life

Why you should use
diamonds on your pearls.



They're specially designed with soft inner bristles to remove plaque gently and thoroughly. And extra soft outer bristles to gently massage gums. Plus, the unique Colgate diamond-head design helps make it easier to get to your back teeth. There's even a diamond-head brush for everyone's needs. And for best results you should change your brush every 3 months. Happy brushing.

Colgate™

1. Don't rush your brush



As dentists, we know that prevention begins with cleaning. We also know that most people brush much too quickly to get their teeth really clean. So our first recommendation in the 5 Point Prevention Plan is: **SLOW DOWN.** Take the time to brush your teeth properly. Concentrate on cleaning every surface of every tooth—upper and lower, inside and outside, the chewing surface and along the gumline. A proper brushing should take you about $2\frac{1}{2}$ to 3 minutes.

Sounds simple. But it might take a little more effort than you'd expect. If you're an adult, you've probably already brushed your teeth somewhere between 10 and 50 thousand times. Repeat a simple action that many times and it becomes a physical habit. You can do it without thinking.

But think about this: Chances are the spots you miss one day are the spots you'll miss every day. And those are the spots where dental problems are most likely to start.

So next time you brush, don't just do it. Think about it. There are a few important points to keep in mind:

It's a good idea to brush after every meal, but it's essential to brush thoroughly at least once every 24 hours. One thorough cleaning a day does more good than three or four haphazard ones.

Don't scrub hard. That can actually damage your teeth and gums. Instead, use a gentle, massaging action and a soft-bristled brush.

Hold your brush at an angle and work the bristles into the gumline. This is where plaque tends to accumulate and where a lot of trouble can start, especially for adults. The massaging action of the brush on the gums stimulates circulation which helps keep them toned and fit.

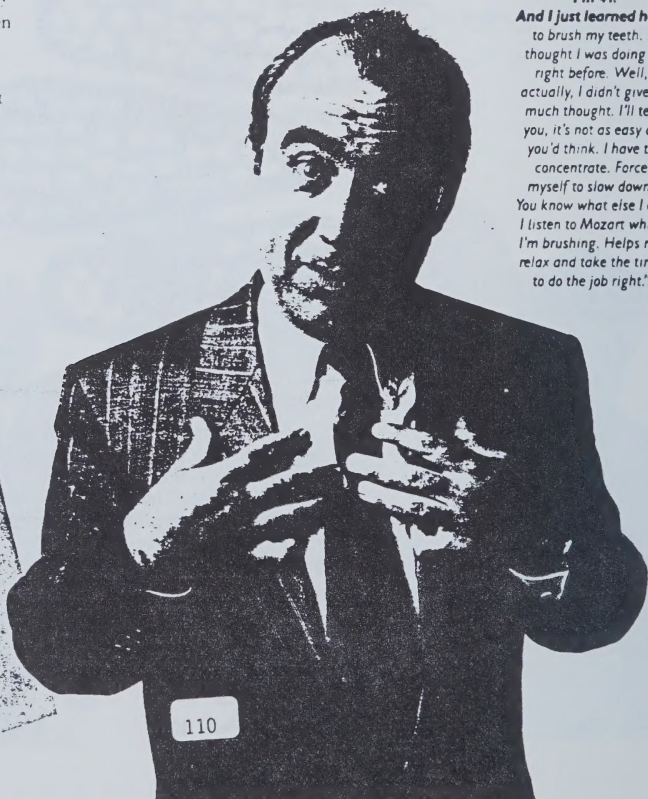
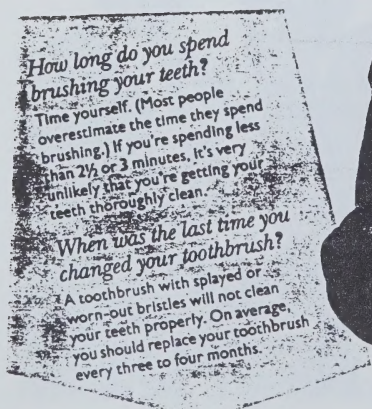
Ask your dentist to point out areas that you're missing and to give you a brushup on your technique.

Tooth Confessions



"I'm 41.

And I just learned how to brush my teeth. I thought I was doing it right before. Well, actually, I didn't give it much thought. I'll tell you, it's not as easy as you'd think. I have to concentrate. Force myself to slow down. You know what else I do? I listen to Mozart while I'm brushing. Helps me relax and take the time to do the job right."



Get in between with no strings attached.



Meet a brand new floss with a difference. You see, Colgate's new floss is made from a unique fibre that slides easily between your teeth, so it does a great job of cleaning. There's no shredding. Or getting stuck between your teeth. It's gentle on your gums, too.

All of which should make for an attachment
in a very positive way.

2. Clean between



Not long ago, we conducted a national survey on dental health attitudes, knowledge and

behaviour. In that survey, only 15 per cent of Canadians reported that they flossed their teeth daily. Clearly, flossing is not one of our favourite national pastimes. Nonetheless, it is essential for keeping teeth and gums in good shape.

The purpose of flossing is to clean those areas your toothbrush just can't reach—between the teeth and in the shallow crevice (called the *sulcus*) between the teeth and the gums. If you don't

make flossing a daily routine, you are neglecting to remove plaque from up to 35 per cent of each tooth's surface.

Plaque is that colourless sticky film that forms on your teeth, hardens like glue within about 24 hours and becomes the breeding ground for the acid-producing bacteria that eat away at your teeth and their foundations. Think of those bacteria as tooth termites. Now doesn't that make you want to reach for your floss to remove them?

Here's how to do it: You need about an arm's length of floss. Slide the floss between the teeth and form a small section into a C-shape around the neck of the tooth and slide it gently under

the gumline. Then wipe away from the gum two or three times, concentrating on removing the plaque that has accumulated there. Use a new section of the floss for each tooth.

Like proper brushing, flossing helps to keep your gums fit. It should *not* cause discomfort or bleeding. (Beginners might experience a little bleeding or sensitivity at first, though if the problem persists for more than about a week, consult your dentist.)

If you haven't been flossing regularly, it will take a little while—and, let's face it, a little deliberate effort—before it becomes a natural part of your daily routine. Our strong advice is: Stick with it. Soon enough you'll see the difference that "cleaning between" really makes.

Tooth Confessions



"I took a good look at myself one morning. I saw my mother's eyes, my mother's hair, my mother's smile.... That's what got me flossing. Now I floss every night in front of the 11 o'clock news."

Is it the highlight of my day? Give me a break! But at least I can go to sleep now, knowing I won't have to wake up to my teeth in a glass of water by the bed.

Like my mother."

When was the last time you flossed your teeth (honestly)?

Within the last 24 hours? If not, then flossing probably isn't part of your daily routine. And that means you're putting your dental health at unnecessary risk.

Does your floss get caught or shredded on your teeth?

Your floss may be catching on a cavity at the point where the teeth touch, on the edge of a filling or on tartar (hardened plaque) build-up on the sides of your teeth. Mention the problem to your dentist.

Why should your little
sweethearts swish?



Why? To help prevent cavities. That's why we came up with Colgate Fluoride Rinse. It gets to places your toothbrush can't reach. And it has a special mild formulation that encourages children to rinse longer and more often. So add another measure to the fight against cavities. And start your sweethearts swishing with Colgate Fluoride Rinse.

3. Eat, drink, but be wary



Tooth Confessions



"Before Allison, we didn't really give much thought to the food we ate. Looking back on it, I guess our diet wasn't very healthy.

But having a child changes the way you think about things. You know, you look at that smile, and it lights up your life. And there's no way you want to let anything harm it.

So she's growing up eating healthy food, a balanced diet and not too many sweets. And we're just following her good example."

You might think this is strange coming from dentists, but we're going to give you some tips on how to eat sugar.

That's not to say we think sugar is good for your teeth. Or that your diet doesn't affect your dental health. But we're trying to be realistic. We know that most Canadians are not going to cut sugar from their diets entirely. Nevertheless, there are many healthy choices you can make in how, what and when you eat. To help you make those choices, we offer the following food for thought:

A well-balanced diet. Like the rest of your body, your teeth and gums need

good nutrition. Without an adequate and balanced supply of vitamins and minerals, they become more susceptible to decay and gum disease.

Sticky sweets. What's important is not just the amount of sugar you consume, it's the length of time your teeth are exposed to it. Sticky sweets cling to your tooth surfaces and the longer they stay there, the more damage they do.

Mealtime sweets. Sweets eaten with meals are much less harmful than sweets eaten between meals. That's because your saliva production increases at mealtime, and that saliva flushes sugars away from the teeth.

Snacks. Sugary foods cause acids to be produced in your mouth for at least 20 minutes after you've eaten them. The more frequently you have sugary snacks, the more times you expose your teeth to an "acid attack." Remember, sweet drinks are also sugar snacks.

Tobacco. There is nothing sweet about this. We join with physicians in urging you not to smoke. Along with all its other health problems, smoking can help promote gum disease and oral cancer.

How much refined sugar are you eating?

The average Canadian consumes over 40 kilograms of sugar per year. Many processed and packaged foods—even those we don't necessarily think of as being sweet—contain sugar. Read the labels.

Do you have sweet snacks between meals?

Coffee or tea with sugar? Sugar-sweetened soft drinks? Doughnuts? Candy? Dried Fruit? All of these can damage your teeth. Try drinks without sugar and snacks like cheese, nuts, raw vegetables, or yogurt, instead.

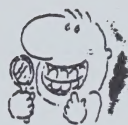


Introducing a whole new way
to fight tartar.



New Colgate Oral Rinse. It fights cavities and does a remarkable job in fighting tartar. In fact, clinical studies have shown that Colgate's Oral Rinse significantly reduces tartar build-up above the gumline. And it reaches places your brush can't reach. Colgate Oral Rinse, a whole new way to fight tartar.

4. Check your gums



There's an old saying that goes: "Save your gums—or lose your teeth."

Every day we dentists see the sad proof of that old saying. Gum disease is a serious threat to dental health, particularly for adults. It's incredibly widespread. And yet most Canadian adults don't really understand gum disease very well at all.

In a sense, gum disease works undercover—in the space where the gums attach to the teeth. It begins as a mild infection. But left unchecked, it progresses, eventually destroying the ligaments and bones that support the teeth.

Gum disease can progress very far before the symptoms become readily noticeable. There is no pain and no discomfort in the early stages.

There are things dentists can do to detect gum disease at an early stage, when it's still reasonably easy to treat. We look out for symptoms at every checkup. But in the interest of prevention, we also feel it's important to help

raise your "gum awareness," because there are some things you can look for, too.

Examine your gums periodically in the mirror. Your gums should be light coral pink in colour, firm, resilient, have a stippled texture, and fit tightly around the teeth.

Any of the following symptoms indicate that your gums are in need of attention: red halos on the gums around the teeth; red, shiny, puffy gums; gums that bleed when you brush or floss;

discharge from the gums; chronic bad breath; or any shifting or loosening of the teeth.

Left undetected and untreated, gum disease causes the gums to recede, exposing the roots of the teeth. Pockets develop around the teeth and the teeth begin to loosen. And after a while, they fall out.

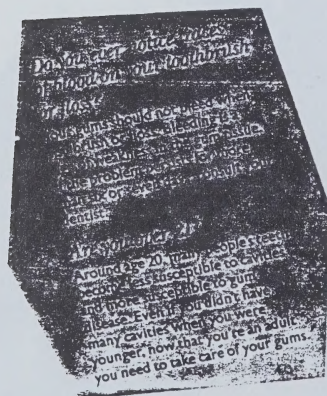
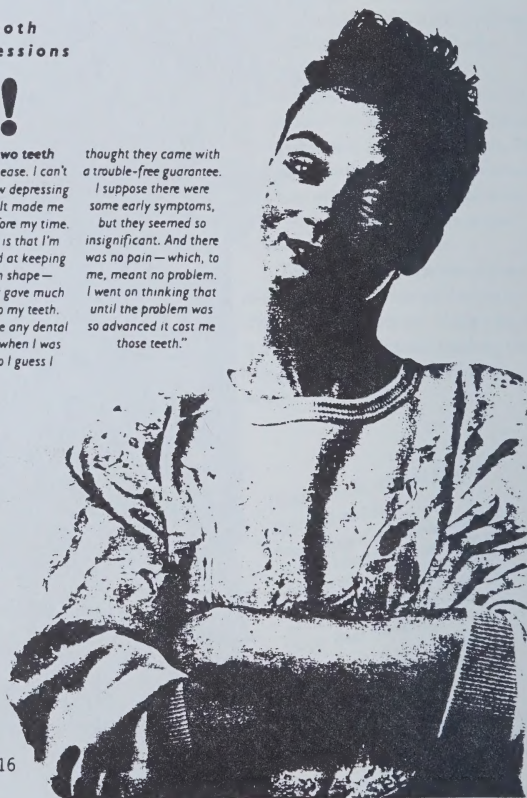
So you see, it's important to pay attention to that old saying. And to pay attention to your gums.

Tooth Confessions



"I lost two teeth to gum disease. I can't tell you how depressing that was. It made me feel old before my time. The irony is that I'm pretty good at keeping myself in shape—but I never gave much thought to my teeth. I didn't have any dental problems when I was young, so I guess I

thought they came with a trouble-free guarantee. I suppose there were some early symptoms, but they seemed so insignificant. And there was no pain—which, to me, meant no problem. I went on thinking that until the problem was so advanced it cost me those teeth."



ColgateTM **Junior**

Our front lines
of defence.

ColgateTM **Fights Cavities**
Regular

Colgate's family of toothpastes form our front lines of defence against cavities and tartar build-up. And there's one for every member of your family: Colgate Junior

ColgateTM **Fights Cavities**
Winterfresh

is a mild cavity-fighting gel for kids with a taste they'll love. It's specially formulated with a less abrasive cleaning action. And, of course, there's Regular,

ColgateTM **Fights Cavities**
Gel

Winterfresh and Gel for clinically proven fluoride protection against cavities. Then there's our gold box, in Mint and Mint Gel, that fights cavities and signifi-

Fights Tartar ABOVE THE GUMLINE
ColgateTM **Fights Cavities**

cantly reduces tartar build-up above the gumline. All of which puts Colgate Toothpaste into our front line of defence.

Fights Tartar ABOVE THE GUMLINE
ColgateTM **Fights Cavities**

5. Don't wait until it hurts



Millions of Canadians think of the dentist like they think of the fire department. They don't call the fire department until the house is on fire. And they don't call us until they feel a problem.

And that's a problem. Because almost invariably, by the time there's noticeable pain or discomfort, the trouble is already fairly serious. And will require more extensive—and expensive—treatment to remedy.

It makes much more sense to think of the dentist as your partner in prevention. With regular checkups and professional cleaning, the dentist can help you stop dental disease before it gets a start, and help you keep small problems from becoming serious ones.

When was your last checkup?

A year! Two years! More! Can't remember! ...If you've been putting off seeing the dentist for too long, you're compromising your dental health. Don't wait until there's a problem.

Does going to the dentist make you nervous?

Dentistry has come a long way in recent years. These days, techniques are by and large painless, and dentists have been trained to deal with both pain and anxiety. If you feel anxious, by all means talk frankly with your dentist and let him or her help you overcome your fears.

How often should you see your dentist?

The old rule of thumb used to be once every six months, but really it depends on your own individual requirements: your susceptibility to dental disease, the extent of existing problems, the rate at which you build up plaque, the effectiveness of your own personal care program, and so on. Your dentist can advise you on the schedule that's best for you.

Remember, to make prevention work, the relationship has to be a partnership. Talk to your dentist. If you have a question, ask. If you can't master the right way to floss, ask. If you're uncertain

about your diet, ask. If you're anxious or apprehensive, mention it. If you have special problems or concerns, talk about them.

As health professionals, we're committed to prevention. And with all the advances in recent years, the prevention of dental disease is now so very possible. But we can't do it alone. You have to take an active interest in your dental care.

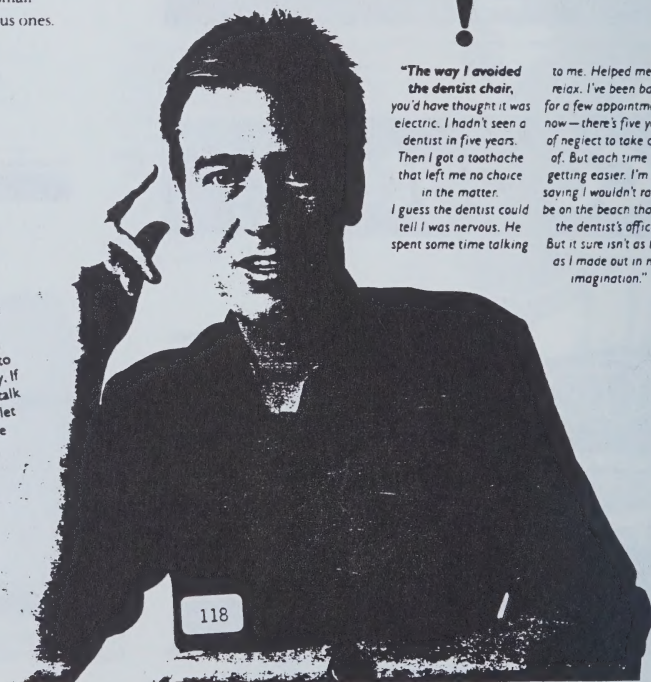
We've outlined the steps for you in an easy 5 Point Prevention Plan. Follow them and together we can keep your dental health good for life.

Tooth Confessions



"The way I avoided the dentist chair, you'd have thought it was electric. I hadn't seen a dentist in five years. Then I got a toothache that left me no choice in the matter. I guess the dentist could tell I was nervous. He spent some time talking

to me. Helped me to relax. I've been back for a few appointments now—there's five years of neglect to take care of. But each time it's getting easier. I'm not saying I wouldn't rather be on the beach than at the dentist's office. But it sure isn't as bad as I made out in my imagination."





Happily, our efforts are tied to those of you, your dentist and your dental hygienist.

MANAGEMENT COMMITTEE

REPORT TO THE 1989 CDA INTERIM BOARD OF GOVERNORS

Members: Dr. Kevin L. Roach, Pembroke - Chairman
Dr. Jack W. Niedermayer, Regina
Dr. Ron J. Markey, Vancouver
Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the 1988 Annual Meeting of the CDA Board of Governors, the Management Committee has met twice - October 26-27, 1988, and January 25, 1989; a Conference Call was held on December 16th, 1988.

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statement - Canadian Dental Association

A draft Unaudited Financial Statement for the CDA was reviewed by Executive Council. The Audited Statements are appended and explanatory notes are included for information.

APPENDIX I

RESOLVED:

89.14 THAT the audited statement for the Canadian Dental Association for the year ending December 31, 1988, be approved.

ADOPTED

3. Audited Financial Statement - Canadian Dental Research Foundation

Management Committee reviewed a draft Audited Financial Statement for the Canadian Dental Research Foundation.

APPENDIX II

RESOLVED:

- 89.15 THAT the audited financial statement for the Canadian Dental Research Foundation for the year ending December 31, 1988 be approved.

ADOPTED

4. 1990 Fee Increases

Management Committee reviewed the report of the Ad Hoc Committee reviewing the Financial Support for Accreditation. On recommendation of the Management Committee, the Executive Council has endorsed the recommendations contained in that report, which is found in the Ad Hoc Committee section of this resource book. In approving the recommendations of the Ad Hoc Committee, the Executive Council instructed that a notice of the proposed fee increases be communicated to the corporate and licensing bodies immediately.

Management Committee reviewed the necessity for a membership fee increase in 1990.

RESOLVED:

- 89.16 THAT the 1990 fee for active members be increased by fifteen dollars (\$15.00) for a total active member fee of three hundred and thirty dollars (\$330.00), and
- THAT all other membership fee categories, excepting the corporate fee, be increased proportionately.

ADOPTED

5. 1989 Budget Revision - 1990 Budget

As outlined in the Executive Council's report to the Board, refinement of the CDA's strategic planning and budgeting process is ongoing. Appropriate and desirable notice of fee increases is a priority; an accelerated budgeting process has resulted.

At the Fall 1988 Planning Session of the Executive Council, the 1989 budget was reviewed and re-allocation of resources was determined based on priorities established at that time. A budget planning session took place at the time of the January 1989 Executive Council meeting in order that the 1990 budget be determined. The 1990 budget appended to this report is provisional and will be reviewed by the Executive Council at the June meeting and at the 1989 Fall Planning Session. Any significant adjustments to the 1990 budget will be reported to the Board at the 1990 Interim Meeting. Notes included with the budget documents detail the revisions that were made to the 1989 budget previously approved by the Board of Governors.

APPENDIX III

RESOLVED:

89.17 THAT the provisional budget for 1990 be approved.

ADOPTED

In view of the present Strategic Planning Process, the development of five (5) year plans, based strictly on percentage increases, has been discontinued.

Budget - Council/Committee Reports

The practice of certain Councils and Committees of including budget motions in their reports to the Board was reviewed by the Management Committee. It was agreed that this leads to confusion, as adjustments are often made in the final budget which create discrepancies with the figures contained in the individual reports.

It was agreed that budget requests are to be incorporated into the formal budgeting process. Motions in this regard may be included in reports to Executive Council, but will not be included in Council/Committee reports to the Board. Chairmen of CDA Councils and Committees have been informed of this decision.

6. Roof Replacement/Repairs - CDA Building

Management Committee reviewed a report on the condition of the roof on the CDA building, which indicates the need for replacement and repair.

RESOLVED:

- 89.18 THAT seventy-five thousand dollars (\$75,000) be charged to the capital account for replacement of the damaged portion of the roof of the CDA building, and repair of the remaining portion.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. CDA RSP Financial Statement for the Year Ending May 27, 1988

The Financial statements for the CDA RSP for the Year ending May 27, 1988 were not available at the time of the 1988 Annual Meeting of the CDA Board of Governors. Management Committee approved these statements in order that the CDA RSP Annual Report may be distributed to all participants in a timely manner.

APPENDIX IV

8. Student Membership Fees

Management Committee has reviewed the current concerns expressed regarding student membership fees. This matter is under review by the Membership Committee. Staff has been directed to analyse the matter and make a recommendation on how an adjustment to the student membership fee schedule might be implemented.

Based on the foregoing, the student membership fee will be maintained, for the time being, at 6% of the active member fee.

9. CDA Expense and Per Diem Policies

The current travel and per diem policies were reviewed by Management Committee, and the following decisions were made:

- 1) The seat sale policy was confirmed; exceptions will be made where reasonable, in terms of extenuating circumstances presented.

In instances where unavoidable changes have to be made after ticketing, the penalty and adjusted fee are often still less than a return full-fare economy ticket. On average CDA still benefits from seat-sale bookings.

- 2) Management Committee expense claims are reviewed and approved by the Executive office. Due to extensive travel of Management Committee members, reasonable leeway is to be granted in authorizing payment of expenses.
- 3) Air travel class of Management members is to be at their discretion, up to the business class level.

10. Space Utilization

As reported to the Board of Governors at the 1988 Annual Meeting, the Executive Council directed that staff pursue options identified in the space requirements analysis report prepared by Kemper Realty Inc., including further investigation of the feasibility of Alta Vista Drive as a location. Subsequently, the Executive Council authorized an expenditure to a maximum of ten thousand dollars (\$10,000) to engage an architectural firm to study utilization of space within the CDA building. Epps Interiors of Ottawa, a consultant in this field, was engaged to pursue the required analysis.

The first phase of the study, consisting of staff interviews and the preparation of lay-out sketches, has been completed. Tenants were included in the study. The plan presented to the Management Committee details space and furniture requirements to accommodate fifty-seven (57) persons, based on estimates of personnel increases over the next five (5) years. The plans presented call for CDA to occupy the top floor and a portion of the lower floor of the CDA building; the resource centre would be located on the ground floor.

The space reallocation would require CDA's second largest tenant, SEVEC, to vacate; CDA would have some responsibility for lease termination. Renovations would take from six (6) to nine (9) months to complete.

The gross cost of renovation (including furniture) is calculated at 1.2 million dollars, including a 20% contingency. Cost per square foot is approximately thirty-seven dollars (\$37.00).

Management was informed that recent increases to the existing staff make the need for additional space an immediate priority. Based on the foregoing information, Management Committee and the Executive Council have instructed staff to proceed with a Class B budget, which is required to confirm estimates of mechanical, architectural and structural changes, for the renovation of the CDA building.

11. 1989 Staff Salary Review

Management Committee reviewed a report on the 1989 staff salary review process. Salary increases for all staff will be based strictly on performance; the range will be from zero (0) to eight (8) percent. Management Committee has approved that five (5) percent of the total salary budget for 1989 be allocated for performance pay purposes, with the goal that the amount allocated for performance pay purposes would approximate the CPI for 1989.

12. New Staff - CDA

Management Committee received a report on new staff appointments in the Executive Department, the Communications Department and the Education and Accreditation Department.

A presentation will be made to the Executive Council following the Annual Meeting of the CDA Board of Governors, outlining CDA staff structure and responsibilities.

13. Canadian Dental Foundation - Update

The Canadian Dental Foundation has received approval of incorporation from Consumer and Corporate Affairs. The first meeting of the Board of Trustees was held at the CDA office on January 20-21, 1989. Dr. Bradley Holmes was appointed first President of the Foundation; Mr. Ron Bonar, Colgate-Palmolive and Mr. Jardine Neilson, CDA Executive Director were name Vice-President and Secretary-Treasurer respectively.

Financial statements for the Canadian Dental Foundation as of December 31, 1988, show a balance of one million eight hundred and forty-six thousand four hundred and nineteen dollars and twenty-one cents (\$1,846,419.21).

There was a general feeling at the inaugural meeting of the Foundation, that the needs of the Sydney Wood Bradley Memorial Library would receive priority from the CDF. Management Committee had previously approved the sum of ten thousand dollars (\$10,000) from the CDA's consulting budget to finance a detailed analysis of the Library and its future direction, on the understanding that an application would be made to the CDF to recover the funds. The Canadian Dental Association has been asked to make a formal application to the Foundation in this regard. Other costs associated with the Library, such as rental of space and operating costs, will be submitted to the Foundation for consideration of future support.

14. FDI Subscription Fee

The Executive Council has approved a recommendation of the Management Committee for payment of the 1989 FDI Subscription Fee for Canada in the amount of eight thousand eight hundred and eighty-seven pounds (£8,887). It was noted that this is approximately the same amount as the 1988 Canadian Subscription Fee.

15. CDA Membership List - Purchase for Commercial Purposes

Under current CDA policy, requests to purchase the CDA membership list for commercial purposes are forwarded to the Management Committee for approval. At the present time, these requests are generally refused.

Management Committee has been informed that mailing lists for members of the dental profession are available from other sources, and that there is potential for revenue generation should the CDA decide to revise its policy in this regard. The Executive Council has approved a recommendation of the Management Committee that the Publications Committee be asked to draft appropriate criteria for the possible sale of the CDA membership list to dentally-related commercial agencies. A further report is to be reviewed by the Management Committee at its next meeting. At the present time, it is anticipated that a vetting procedure will form part of the process.

16. CDA Emblem

Management Committee reviewed a report prepared by the Journal Editor, Dr. Ralph Crawford, which outlined the history and tradition of the emblem for dentistry. A small Committee, comprised of Dr. Crawford and Dr. Les Allen has been established to consider a design that would retain the intent and traditional aspects of the dentistry emblem and, in addition, incorporate the Canadian Dental Association identity.

17. 1989 Per Diem and Honorarium Rates

The appended rates for per diems and honoraria were approved effective January 1, 1989. The 1988 rates were adjusted by CPI of approximately 4%.

APPENDIX V

18. Request for Funding

Management Committee reviewed requests for funding for a self-learning, self-assessment project in professional ethics, and a self-learning package in electro-surgery. Although no financial support was given to these projects, applicants were informed that the CDA would support submissions made to the Canadian Fund for Dental Education.

19. Fifth International Conference on AIDS - Montreal, June 4-9th, 1989 - CDA Participation

Management Committee reviewed information concerning the Fifth International Conference on AIDS, being held in Montreal on June 4-9, 1989, in terms of the most appropriate form of CDA participation. Approval was given to a submission of an Abstract, prepared by Dr. John Hardie, which outlines how the CDA, as a national professional dental organization, responded to the AIDS dilemma. Dr. Hardie's travel and accommodation expenses related to the conference have been authorized by the Management Committee.

20. DID Funding and Administrative Arrangements

Management Committee has been informed of compensation arrangements for members of Executive Council involved in the implementation of DID. Management will be kept informed of further developments in this area.

21. Communication - Management Committee

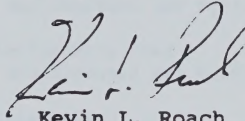
The Executive Council has approved a recommendation of the Management Committee that no agent or spokesperson for the Association may accept information on a confidential basis that would preclude a full report to the Management Committee. It was further agreed that all agents of the Association must present full reports to the Management Committee in a timely manner.

The Executive Council has also instructed that all official CDA correspondence sent to the membership/profession, be prepared for the signature of the President.

22. Executive Director's Report - CDA Cheque Registers

The Executive Director of the Association reviews monthly cheque registers detailing disbursements of the CDA. The Chairman of Management Committee conducts spot audits of cheques on a random basis from time to time. Cheque registers to December 31, 1988 have been approved by Management Committee.

Respectfully submitted,



Kevin L. Roach, Chairman
Management Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Management Committee with appreciation.

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1988

CANADIAN DENTAL ASSOCIATION
INDEX TO FINANCIAL STATEMENTS

DECEMBER 31, 1988

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3	Statement of Equity
4	Statement of Revenue and Expenses
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6	The Grieve Memorial Lectureship Fund Statement of Revenue and Expenses and Equity
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MCCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

Page 1

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
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AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1988 and the statements of equity, revenue and expenses and revenue and expenses and equity for the Library Trust Fund and the Grieve Memorial Lectureship Fund for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1988 and the results of its operations for the year then ended in accordance with accounting policies as described in note 1, applied on a basis consistent with that of the preceding year.

Mccay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
February 13, 1989.

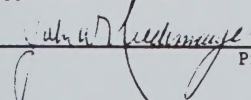
CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

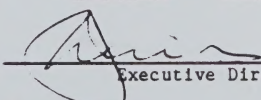
AS AT DECEMBER 31, 1988

	ASSETS	1988	1987
CURRENT			
Cash		\$ 372,830	\$ 505,888
Investments		-	1,190,568
Accounts receivable		387,606	167,019
Inventory (note 1)		95,475	57,022
Prepaid expenses		82,651	65,807
		938,562	1,986,304
FIXED (notes 1 and 2)		1,219,443	1,287,470
		<u>2,158,005</u>	<u>3,273,774</u>
	TRUST ASSETS		
Cash		141,223	33,673
Accounts receivable		402	41
Prepaid expenses		7,998	8,010
Library books and furniture (at nominal value)		1	1
		149,624	41,725
		<u>\$2,307,629</u>	<u>\$3,315,499</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 496,104	\$ 264,361
Deferred revenue		55,582	976,978
Current portion of long-term debt		-	27,000
		551,686	1,268,339
LONG-TERM DEBT (note 3)		-	441,337
		551,686	1,709,676
	EQUITY		
SURPLUS		1,606,319	1,564,098
		<u>2,158,005</u>	<u>3,273,774</u>
	TRUST EQUITY		
Building Contingency Reserve Fund		28,505	-
Convention Reserve Fund		89,320	-
Library Trust Fund		24,019	34,483
The Grieve Memorial Lectureship Fund		7,780	7,242
		149,624	41,725
		<u>\$2,307,629</u>	<u>\$3,315,499</u>

Approved on behalf of the Board:



 President



 Executive Director

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>	<u>1987</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$1,564,098	\$1,526,474
Excess of revenue over expenses for the year	69,073	37,624
Transfer to Building Contingency Reserve Fund	(26,852)	-
BALANCE - END OF YEAR	<u>\$1,606,319</u>	<u>\$1,564,098</u>
BUILDING CONTINGENCY RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ -	\$ -
Transfer from surplus	26,852	-
Interest earned	<u>1,653</u>	<u>-</u>
BALANCE - END OF YEAR	<u>\$ 28,505</u>	<u>\$ -</u>
CONVENTION RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ -	\$ -
Excess of convention revenue over convention expenses for the year	<u>89,320</u>	<u>-</u>
BALANCE - END OF YEAR	<u>\$ 89,320</u>	<u>\$ -</u>

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1988

	1988		1987
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Fees (Page 9)	\$2,745,638	\$2,835,495	\$2,551,635
Other (Page 9)	<u>1,185,963</u>	<u>1,218,240</u>	<u>1,104,363</u>
	3,931,601	4,053,735	3,655,998
EXPENSES			
Executive services (Page 10)	505,335	473,903	507,673
Professional services (Page 10)	406,171	349,269	335,301
Member Services (Page 11)	1,053,835	1,237,483	1,054,611
Administration (Page 11)	<u>1,962,370</u>	<u>1,924,007</u>	<u>1,720,789</u>
	<u>3,927,711</u>	<u>3,984,662</u>	<u>3,618,374</u>
EXCESS OF REVENUE OVER EXPENSES			
FOR THE YEAR	<u>\$ 3,890</u>	<u>\$ 69,073</u>	<u>\$ 37,624</u>

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>	<u>1987</u>
REVENUE		
Interest	\$ 1,856	\$ 2,482
Donations	<u>390</u>	<u>675</u>
	2,246	3,157
EXPENSES		
Books	1,504	1,483
Computer	-	5,193
Miscellaneous	848	822
Subscriptions	<u>10,358</u>	<u>9,418</u>
	<u>12,710</u>	<u>16,916</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(10,464)	(13,759)
Equity - beginning of year	<u>34,483</u>	<u>48,242</u>
EQUITY - END OF YEAR	<u>\$24,019</u>	<u>\$34,483</u>

CANADIAN DENTAL ASSOCIATION
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF REVENUE AND EXPENSES AND EQUITY
 FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>	<u>1987</u>
REVENUE		
Interest	\$ 580	\$ 459
EXPENSES		
Awards	<u>42</u>	<u>64</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	538	395
Equity - beginning of year	<u>7,242</u>	<u>6,847</u>
EQUITY - END OF YEAR	<u>\$7,780</u>	<u>\$7,242</u>

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1988

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Revenue and Expenses

Revenue and expenses are recognized on the accrual basis.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 is expensed when acquired. Purchases prior to this date have been fully depreciated. Data processing equipment purchased subsequent to January 1, 1987 is expensed when acquired. Purchases prior to this date continue to be depreciated. Fixed assets purchased in the Fund accounts are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 5 years
Data processing equipment	- 5 years

2. FIXED ASSETS

	1988			1987
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,543,034	461,341	1,081,693	1,120,269
Building improvements	159,105	124,516	34,589	52,008
Furniture and equipment	75,769	75,768	1	1
Data processing equipment	125,927	118,222	7,705	19,737
Chain of office	12,540	-	12,540	12,540
	<u>\$1,999,290</u>	<u>\$779,847</u>	<u>\$1,219,443</u>	<u>\$1,287,470</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1988

3. LONG-TERM DEBT

	<u>1988</u>	<u>1987</u>
Mortgage	\$ -	\$ 468,337
Current portion	<u>-</u>	<u>27,000</u>
	<u>\$ -</u>	<u>\$ 441,337</u>

The mortgage on the building with Toronto Dominion Bank was paid down during the year, however, it remains registered to secure a line of credit.

4. TRUST ACCOUNT

The Association is holding funds in trust for the Canadian Dental Foundation, which was incorporated in 1988. In October of 1986 and December of 1988, bequests of \$1,360,000 and \$236,000 respectively, were received for the purposes of the Sydney Wood Bradley Memorial Library. As at December 31, 1988, the funds have earned approximately \$280,233 in interest and disbursements of \$16,954 have been made. Neither the bequest, the interest income nor the disbursements are reflected in these financial statements.

5. COMMITMENT

In the 1985 fiscal year a bequest was received from the Gollop Estate in the amount of \$66,000. Of this amount, \$9,000 was immediately transferred to the Canadian Dental Research Foundation. The balance of \$57,000 has been left in the general funds, however, it is management's intention to transfer this amount to the Canadian Dental Foundation, referred to in note 4.

6. COMPARATIVE FIGURES

Comparative figures have been reclassified to conform with current presentation.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>		<u>1987</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
FEES			
Active	\$2,304,630	\$2,360,055	\$2,115,336
Affiliate	167,910	196,350	151,289
Supporting	12,035	13,615	7,970
Student	34,493	28,481	38,640
Corporate	99,910	104,572	102,915
Licensing body	123,160	128,864	132,340
F.D.I.	3,500	3,558	3,145
	<u>\$2,745,638</u>	<u>\$2,835,495</u>	<u>\$2,551,635</u>
OTHER			
Accreditation surveys	\$ 59,300	\$ 75,550	\$ 53,350
Consumer product recognition	28,000	47,000	31,000
D.A.T.	165,000	138,472	139,120
D.A.P./D.H.M.	50,000	77,813	63,597
Information services	112,000	87,099	78,808
Conferences and seminars	17,500	23,157	25,342
Journal	454,000	433,972	366,997
Property	184,163	188,669	181,432
Interest	105,000	129,963	134,821
Other	<u>11,000</u>	<u>16,545</u>	<u>29,896</u>
	<u>\$1,185,963</u>	<u>\$1,218,240</u>	<u>\$1,104,363</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>		<u>1987</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
EXECUTIVE SERVICES			
Board of Governors	\$129,010	\$129,332	\$120,182
Executive Council	90,460	103,866	87,633
Management Committee	152,975	137,845	140,870
President's expenses	87,500	51,623	83,153
Constitution and by-laws	1,000	332	342
F.D.I.	41,000	40,024	48,499
Intercorporate relations	-	7,492	544
Nominations	-	835	4,863
President's and C.E.O.'s conference	-	33	11,525
Roles and responsibilities	1,490	-	5,844
New projects	<u>1,900</u>	<u>2,521</u>	<u>4,218</u>
	<u>\$505,335</u>	<u>\$473,903</u>	<u>\$507,673</u>
PROFESSIONAL SERVICES			
Accreditation	\$171,756	\$173,878	\$136,186
Consumer product recognition	16,644	11,598	10,965
D.A.T.	139,153	118,455	120,492
Dental materials and devices	15,776	12,984	4,993
Dental specialities	10,128	7,695	12
Ethics	1,000	21	1
Health care	13,942	9,033	9,336
Hospital surveys	10,800	2,729	17,035
Hospital and institutional services	18,452	8,511	13,483
Professional resource utilization	7,520	4,362	22,798
Salaried dentists	<u>1,000</u>	<u>3</u>	<u>-</u>
	<u>\$406,171</u>	<u>\$349,269</u>	<u>\$335,301</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>		<u>1987</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
MEMBER SERVICES			
Government relations	\$ 13,815	\$ 13,272	\$ 10,455
Information services	291,122	424,509	337,797
Insurance and investments	-	1,812	1,010
Membership	59,498	27,947	36,501
Publications	514,946	586,278	551,498
Student affairs	60,702	47,055	43,517
Taxation	37,192	40,581	6,606
Third party plans	<u>76,560</u>	<u>96,029</u>	<u>67,227</u>
	<u>\$1,053,835</u>	<u>\$1,237,483</u>	<u>\$1,054,611</u>
ADMINISTRATION			
Staff	\$1,221,600	\$1,254,491	\$1,029,033
Operations	429,270	397,682	354,335
Property	<u>311,500</u>	<u>271,834</u>	<u>337,421</u>
	<u>\$1,962,370</u>	<u>\$1,924,007</u>	<u>\$1,720,789</u>

CANADIAN DENTAL ASSOCIATION
 SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE
 FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>Active</u>	<u>Affiliate</u>	<u>Support- ing</u>	<u>Student</u>	<u>Corporate</u>	<u>Licensing Body</u>
Newfoundland	\$ 37,990	\$ -	\$ -	\$ -	\$ 1,378	\$ 1,390
P.E.I.	13,340	-	-	-	510	510
Nova Scotia	107,735	290	145	2,692	3,760	3,760
New Brunswick	59,450	-	435	-	2,460	2,180
Québec	276,098	152,685	2,610	9,853	13,000	27,700
Ontario	760,688	31,610	5,365	7,418	42,590	52,450
Manitoba	137,170	-	-	2,039	4,950	4,950
Saskatchewan	95,845	-	-	-	3,660	3,660
Alberta	356,015	145	-	3,368	12,864	12,864
British Columbia	515,724	290	290	2,806	19,400	19,400
Other	<u>-</u>	<u>11,330</u>	<u>4,770</u>	<u>305</u>	<u>-</u>	<u>-</u>
	<u>\$2,360,055</u>	<u>\$196,350</u>	<u>\$13,615</u>	<u>\$28,481</u>	<u>\$104,572</u>	<u>\$128,864</u>

ASSOCIATION DENTAIRE CANADIENNE

ETATS FINANCIERS

31 DECEMBRE 1988

ASSOCIATION DENTAIRE CANADIENNE

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31 DECEMBRE 1988

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4	Etat des résultats
5	Fonds en fiducie pour la bibliothèque Etat de l'avoir et des résultats
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15	Etat des résultats
16	Notes complémentaires

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

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RAPPORT DES VERIFICATEURS

Aux membres de
l'Association Dentaire
Canadienne

Nous avons vérifié le bilan de l'Association Dentaire Canadienne au 31 décembre 1988 ainsi que les états de l'avoir et des résultats, de l'avoir et des résultats du fonds en fiducie pour la bibliothèque et du fonds "Grieve Memorial Lectureship" de l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de l'Association au 31 décembre 1988 ainsi que les résultats de son exploitation et l'évolution de sa situation financière pour l'exercice terminé à cette date selon les principales conventions comptables décrites à la note 1, appliquées de la même manière qu'au cours de l'exercice précédent.

McCay, Duff & Co.

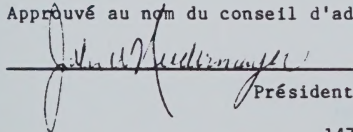
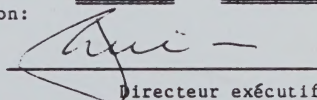
Comptables agréés

Ottawa, Ontario,
13 février 1989.

ASSOCIATION DENTAIRE CANADIENNE

BILAN

AU 31 DECEMBRE 1988

ACTIF	1988	1987
ACTIF A COURT TERME		
Encaisse	\$ 372,830	\$ 505,888
Investissements	-	1,190,568
Comptes débiteurs	387,606	167,019
Stocks (note 1)	95,475	57,022
Frais payés d'avance	82,651	65,807
	<u>938,562</u>	<u>1,986,304</u>
ACTIF IMMOBILISE (notes 1 et 2)	<u>1,219,443</u>	<u>1,287,470</u>
	<u>2,158,005</u>	<u>3,273,774</u>
ACTIF DU FONDS EN FIDUCIE		
Encaisse	141,223	33,673
Comptes débiteurs	402	41
Frais payés d'avance	7,998	8,010
Livres de bibliothèque et mobilier (à la valeur nominale)	1	1
	<u>149,624</u>	<u>41,725</u>
	<u>\$2,307,629</u>	<u>\$3,315,499</u>
PASSIF		
PASSIF A COURT TERME		
Comptes créditeurs	\$ 496,104	\$ 264,361
Revenu reporté	55,582	976,978
Partie courante de la dette à long terme	-	27,000
	<u>551,686</u>	<u>1,268,339</u>
DETTE A LONG TERME (note 3)	<u>-</u>	<u>441,337</u>
	551,686	1,709,676
AVOIR		
SURPLUS	<u>1,606,319</u>	<u>1,564,098</u>
	<u>2,158,005</u>	<u>3,273,774</u>
AVOIR DU FONDS EN FIDUCIE		
Fonds de réserve pour immeubles	28,505	-
Fonds de réserve pour convention	89,320	-
Fonds en fiducie pour la bibliothèque	24,019	34,483
Fonds en fiducie "Grieve Memorial Lectureship"	7,780	7,242
	<u>149,624</u>	<u>41,725</u>
	<u>\$2,307,629</u>	<u>\$3,315,499</u>
Approuvé au nom du conseil d'administration:		
	Président	
		Directeur exécutif

ASSOCIATION DENTAIRE CANADIENNE

ETAT DE L'AVOIR

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	<u>1988</u>	<u>1987</u>
SURPLUS		
SOLDE AU DEBUT DE L'EXERCICE	\$1,564,098	\$1,526,474
Excédent des revenus sur les dépenses pour l'exercice	69,073	37,624
Virement au fonds de réserve pour immeubles	(<u>26,852</u>)	<u>-</u>
SOLDE A LA FIN DE L'EXERCICE	<u>\$1,606,319</u>	<u>\$1,564,098</u>
FONDS DE RESERVE POUR IMMEUBLES		
SOLDE AU DEBUT DE L'EXERCICE	\$ -	\$ -
Virement de surplus	26,852	-
Intérêt gagnés	<u>1,653</u>	<u>-</u>
SOLDE A LA FIN DE L'EXERCICE	<u>\$ 28,505</u>	<u>\$ -</u>
FONDS DE RESERVE POUR CONVENTION		
SOLDE AU DEBUT DE L'EXERCICE	\$ -	\$ -
Excédent de revenus de la convention sur les dépenses	<u>89,320</u>	<u>-</u>
SOLDE A LA FIN DE L'EXERCICE	<u>\$ 89,320</u>	<u>\$ -</u>

ASSOCIATION DENTAIRE CANADIENNE

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	1988		1987
	<u>Budget</u>	<u>Réel</u>	<u>Réel</u>
REVENUS			
Cotisations (Page 9)	\$2,745,638	\$2,835,495	\$2,551,635
Autre (Page 9)	<u>1,185,963</u>	<u>1,218,240</u>	<u>1,104,363</u>
	3,931,601	4,053,735	3,655,998
DEPENSES			
Services exécutifs (Page 10)	505,335	473,903	507,673
Services professionnels (Page 10)	406,171	349,269	335,301
Services aux membres (Page 11)	1,053,835	1,237,483	1,054,611
Administration (Page 11)	<u>1,962,370</u>	<u>1,924,007</u>	<u>1,720,789</u>
	<u>3,927,711</u>	<u>3,984,662</u>	<u>3,618,374</u>
EXCEDENT DES REVENUS SUR LES DEPENSES POUR L'EXERCICE	\$ <u>3,890</u>	\$ <u>69,073</u>	\$ <u>37,624</u>

ASSOCIATION DENTAIRE CANADIENNE
FONDS EN FIDUCIE POUR LA BIBLIOTHEQUE
ETAT DE L'AVOIR ET DES RESULTATS
POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	<u>1988</u>	<u>1987</u>
REVENUS		
Intérêts	\$ 1,856	\$ 2,482
Dons	<u>390</u>	<u>675</u>
	2,246	3,157
DEPENSES		
Livres	1,504	1,483
Ordinateur	-	5,193
Divers	848	822
Abonnements	<u>10,358</u>	<u>9,418</u>
	<u>12,710</u>	<u>16,916</u>
EXCEDENT DES REVENUS SUR LES DEPENSES (DEPENSES SUR LES REVENUS) POUR L'EXERCICE	(10,464)	(13,759)
Avoir au début de l'exercice	<u>34,483</u>	<u>48,242</u>
AVOIR A LA FIN DE L'EXERCICE	<u>\$24,019</u>	<u>\$34,483</u>

ASSOCIATION DENTAIRE CANADIENNE
FONDS "GRIEVE MEMORIAL LECTURESHIP"

ETAT DES RESULTATS ET DE L'AVOIR
POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	<u>1988</u>	<u>1987</u>
REVENU		
Intérêts	\$ 580	\$ 459
DEPENSES		
Prix	<u>42</u>	<u>64</u>
EXCEDENT DU REVENU SUR LES DEPENSES POUR L'EXERCICE	538	395
Avoir au début de l'exercice	<u>7,242</u>	<u>6,847</u>
AVOIR A LA FIN DE L'EXERCICE	<u>\$7,780</u>	<u>\$7,242</u>

ASSOCIATION DENTAIRE CANADIENNE

NOTES COMPLEMENTAIRES

31 DECEMBRE 1988

1. PRINCIPALES CONVENTIONS COMPTABLES

(a) Revenus et dépenses

Les revenus et dépenses sont comptabilisés sur une base d'exercice.

(b) Stocks

Les stocks sont évalués à la valeur nominale et à la valeur de réalisation nette.

(c) Amortissement

L'achat de mobilier et d'équipement après le premier janvier 1979 est imputé aux résultats de l'exercice. Les acquisitions avant cette date ont été complètement amorties. L'équipement pour traitement de l'information acquis après le premier janvier 1987 est imputé aux résultats de l'exercice. Les acquisitions antérieures à cette date continuent à être amorties. L'actif immobilisé acquis dans les comptes du Fonds, est imputé aux résultats de l'exercice.

L'actif immobilisé est amorti selon la méthode linéaire comme suit:

Immeubles	- 40 ans
Améliorations des immeubles	- 5 ans
Equipement pour traitement de l'information	- 5 ans

2. ACTIF IMMOBILISE

	1988		1987	
	Coût	Amortissement accumulé	Net	Net
Terrain	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Immeubles	1,543,034	461,341	1,081,693	1,120,269
Améliorations des immeubles	159,105	124,516	34,589	52,008
Mobilier et équipement	75,769	77,768	1	1
Equipement pour traitement de l'information	125,927	118,222	7,705	19,737
Chaîne de bureau	12,540	-	12,540	12,540
	<u>\$1,999,290</u>	<u>\$781,847</u>	<u>\$1,219,443</u>	<u>\$1,287,470</u>

NOTES COMPLEMENTAIRES

31 DECEMBRE 1988

3. DETTE A LONG TERME

	1988	1987
Hypothèque	\$ -	\$ 468,337
Partie courante	-	27,000
	<u>\$ -</u>	<u>\$ 441,337</u>

L'hypothèque sur l'immeuble avec la banque Toronto-Dominion a été payée durant l'année, cependant elle demeure enregistrée pour garantir une ligne de crédit.

4. FONDS EN FIDUCIE

L'Association détient des fonds en fiducie pour la Fondation dentaire canadienne dont la constitution en société a été complétée en 1988. En octobre 1986 et décembre 1988, des legs respectifs de \$1,360,000 et de \$236,000 ont été reçus à l'intention du "Sydney Wood Bradley Memorial Library." Au 31 décembre 1988, les fonds ont accumulé environ \$280,233 en intérêts créditeurs et des déboursés de \$16,954 ont été faits. Les legs, l'intérêt créditeur et les déboursés ne sont pas inclus dans ces états financiers.

5. ENGAGEMENT

Un legs a été reçu de la succession de Gollop un montant de \$66,000 durant l'année financière 1985. De ce montant, un legs de \$9,000 a été immédiatement transféré à la Fondation canadienne de recherches dentaires. Le solde de \$57,000 a été laissé dans les fonds généraux, mais l'intention de la gestion est de transférer ce montant à la Fondation dentaire canadienne dont il est question à la note 4.

6. CHIFFRES COMPARATIFS

Certains chiffres de l'exercice précédent ont été regroupés pour fins de présentation comparative.

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES REVENUS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	1988		1987
	Budget	Réel	Réel
COTISATIONS			
Actifs	\$2,304,630	\$2,360,055	\$2,115,336
Affiliés	167,910	196,350	151,289
Soutien	12,035	13,615	7,970
Etudiants	34,493	28,481	38,640
Système corporatif	99,910	104,572	102,915
Organismes des licences	123,160	128,864	132,340
F.D.I.	3,500	3,558	3,145
	<u>\$2,745,638</u>	<u>\$2,835,495</u>	<u>\$2,551,635</u>
AUTRE			
Sondages d'accréditation	\$ 59,300	\$ 75,550	\$ 53,350
Reconnaissance des produits au consommateur	28,000	47,000	31,000
P.T.A.D.	165,000	138,472	139,120
P.D.D.S./P.M.S.D.	50,000	77,813	63,597
Services d'information	112,000	87,099	78,808
Conférences et séminaires	17,500	23,157	25,342
Journal	454,000	433,972	366,997
Propriété	184,163	188,669	181,432
Intérêts	105,000	129,963	134,821
Autre	11,000	16,545	29,896
	<u>\$1,185,963</u>	<u>\$1,218,240</u>	<u>\$1,104,363</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	1988		1987
	Budget	Réel	Réel
SERVICES EXECUTIFS			
Conseil des gouverneurs	\$129,010	\$129,332	\$120,182
Conseil exécutif	90,460	103,866	87,633
Comité de gestion	152,975	137,845	140,870
Dépenses du président	87,500	51,623	83,153
Statuts et règlements	1,000	332	342
F.D.I.	41,000	40,024	48,499
Relations entre les membres du système corporatif	-	7,492	544
Nominations	-	835	4,863
Conférence du président et des officiers en chef	-	33	11,525
Rôles et responsabilités	1,490	-	5,844
Nouveaux projets	1,900	2,521	4,218
	<u>\$505,335</u>	<u>\$473,903</u>	<u>\$507,673</u>
SERVICES PROFESSIONNELS			
Accréditation	\$171,756	\$173,878	\$136,186
Reconnaissance des produits au consommateur	16,644	11,598	10,965
P.T.A.D.	139,153	118,455	120,492
Matériaux et appareils dentaires	15,776	12,984	4,993
Spécialités dentaires	10,128	7,695	12
Code professionnel	1,000	21	1
Soins de santé	13,942	9,033	9,336
Sondages hospitaliers	10,800	2,729	17,035
Services hospitaliers et institutionnels	18,452	8,511	13,483
Utilisation de ressources professionnelles	7,520	4,362	22,798
Dentistes salariés	1,000	3	-
	<u>\$406,171</u>	<u>\$349,269</u>	<u>\$335,301</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES DEPENSES

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	1988		1987
	Budget	Réel	Réel
SERVICES AUX MEMBRES			
Relations gouvernementales	\$ 13,815	\$ 13,272	\$ 10,455
Services d'information	291,122	424,509	337,797
Assurance et investissements	-	1,812	1,010
Adhésion des membres	59,498	27,947	36,501
Publications	514,946	586,278	551,498
Activités étudiantes	60,702	47,055	43,517
Impôt	37,192	40,581	6,606
Plans du comité de compensation	76,560	96,029	67,227
	<u>\$1,053,835</u>	<u>\$1,237,483</u>	<u>\$1,054,611</u>
ADMINISTRATION			
Personnel	\$1,221,600	\$1,254,491	\$1,029,033
Opérations	429,270	397,682	354,335
Propriété	311,500	271,834	337,421
	<u>\$1,962,370</u>	<u>\$1,924,007</u>	<u>\$1,720,789</u>

ASSOCIATION DENTAIRE CANADIENNE

TABLEAU DES REVENUS DES MEMBRES PAR PROVINCE

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	Actif	Affilié	Soutien	Etudiant	Système Corporatif	Organismes des Licences
Terre-Neuve	\$ 37,990	\$ -	\$ -	\$ -	\$ 1,378	\$ 1,390
Ile-du-Prince- Edouard	13,340	-	-	-	510	510
Nouvelle-Ecosse	107,735	290	145	2,692	3,760	3,760
Nouveau-Brunswick	59,450	-	435	-	2,460	2,180
Québec	276,098	152,685	2,610	9,853	13,000	27,700
Ontario	760,688	31,610	5,365	7,418	42,590	52,450
Manitoba	137,170	-	-	2,039	4,950	4,950
Saskatchewan	95,845	-	-	-	3,660	3,660
Alberta	356,015	145	-	3,368	12,864	12,864
Colombie- Britannique	515,724	290	290	2,806	19,400	19,400
Autre	-	11,330	4,770	305	-	-
	<u>\$2,360,055</u>	<u>\$196,350</u>	<u>\$13,615</u>	<u>\$28,481</u>	<u>\$104,572</u>	<u>\$128,864</u>

McCAY, DUFF & Co

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN C.A.
THOMAS W. HOWARTH C.A.
BRYAN E. SULLIVAN C.A.
ALBERT G. MONSOUR B.A.D.M.A. C.A.
BLAIR E. DAVIDSON B.COMM. C.A.
G. WARREN TRICKEY B.COMM. C.A.
ROBERT D. SHANTZ B.MATH. C.A.

CONSULTANT - ELDREN E. MCCONNELL C.A.

330 McLEOD ST.
OTTAWA, ONT.
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(613) 236-2367
1 (800) 267-6551
FAX 236-5041

AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1988 and the statement of revenue and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1988 and the results of its operations for the year then ended in accordance with the accounting policy as described in note 1, applied on a basis consistent with that of the preceding year.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
February 13, 1989.

THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

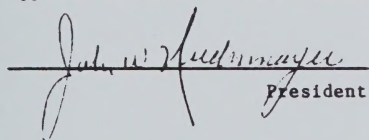
AS AT DECEMBER 31, 1988

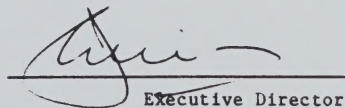
	ASSETS	<u>1988</u>	<u>1987</u>
CURRENT			
Cash		\$44,304	\$40,669
Accrued interest receivable		<u>342</u>	<u>233</u>
		44,646	40,902
INVESTMENT (note 2)		<u>5,000</u>	<u>5,000</u>
		<u>\$49,646</u>	<u>\$45,902</u>

MEMBERS' EQUITY

SURPLUS - BEGINNING OF YEAR	\$45,902	\$44,311
Excess of revenue over expense for the year	<u>3,744</u>	<u>1,591</u>
SURPLUS - END OF YEAR	<u>\$49,646</u>	<u>\$45,902</u>

Approved on behalf of the Board:


 President


 Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED DECEMBER 31, 1988

	<u>1988</u>	<u>1987</u>
REVENUE		
Interest	\$3,744	\$3,791
EXPENSE		
Award	<u>-</u>	<u>2,200</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	<u>\$3,744</u>	<u>\$1,591</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1988

1. ACCOUNTING POLICY

Revenue and expenses are recognized on the accrual basis.

2. INVESTMENT

The investment is stated at cost, which approximates market value.

	<u>Cost</u>
\$5,000 Hydro-Electric Power Commission of Ontario 9% bond, due April 1, 1994	<u>\$5,000</u>

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

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RAPPORT DES VERIFICATEURS

Aux membres de
La Fondation Canadienne de
Recherches Dentaires,

Nous avons vérifié le bilan de la Fondation Canadienne de Recherches Dentaires au 31 décembre 1988 ainsi que l'état des résultats pour l'exercice terminé à cette date. Notre vérification a été effectuée conformément aux normes de vérification généralement reconnues, et a comporté par conséquent les sondages et autres procédés que nous avons jugés nécessaires dans les circonstances.

A notre avis, ces états financiers présentent fidèlement la situation financière de la Fondation au 31 décembre 1988 ainsi que les résultats de son exploitation pour l'exercice terminé à cette date selon conventions comptables décrites à la note 1, appliquées de la même manière qu'au cours de l'exercice précédent.

McCay, Duff & Co.

Comptables agréés

Ottawa, Ontario,
13 février 1989.

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

BILAN

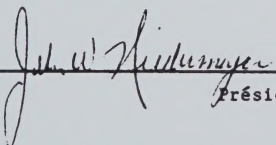
AU 31 DECEMBRE 1988

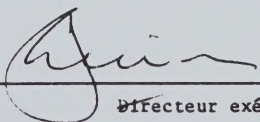
ACTIF	<u>1988</u>	<u>1987</u>
ACTIF A COURT TERME		
Encaisse	\$44,304	\$40,669
Intérêts courus à recevoir	<u>342</u>	<u>233</u>
	44,646	40,902
INVESTISSEMENT (note 2)	<u>5,000</u>	<u>5,000</u>
	<u>\$49,646</u>	<u>\$45,902</u>

AVOIR DES MEMBRES

SURPLUS AU DEBUT DE L'EXERCICE	\$45,902	\$44,311
Excédent du revenu sur la dépense pour l'exercice	<u>3,744</u>	<u>1,591</u>
SURPLUS A LA FIN DE L'EXERCICE	<u>\$49,646</u>	<u>\$45,902</u>

Approuvé au nom du conseil d'administration:


 Président


 Directeur exécutif

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

ETAT DES RESULTATS

POUR L'EXERCICE TERMINE LE 31 DECEMBRE 1988

	<u>1988</u>	<u>1987</u>
REVENU		
Intérêts	\$3,744	\$3,791
DEPENSE		
Prix	<u>-</u>	<u>2,200</u>
EXCEDENT DU REVENU SUR LA DEPENSE POUR L'EXERCICE	<u>\$3,744</u>	<u>\$1,591</u>

LA FONDATION CANADIENNE DE RECHERCHES DENTAIRES

NOTES COMPLEMENTAIRES

31 DECEMBRE 1988

1. PRINCIPALES CONVENTIONS COMPTABLES

Les revenus et dépenses sont comptabilisés sur une base d'exercice.

2. INVESTISSEMENT

L'investissement est comptabilisé au coût d'acquisition qui représente approximativement la valeur marchande.

Coût

Obligations de \$5,000 de la Commission d'Energie
Hydro Electrique de l'Ontario à 9%, échéant le
1^{er} avril 1994

\$5,000

CANADIAN DENTAL ASSOCIATION

1990 BUDGET

**Presented to the CDA Board of Governors
March 31, 1989**

EXPLANATORY NOTES

INTRODUCTION TO THE 1990 BUDGET

The following notes are intended to facilitate your review of the 1990 CDA budget.

GENERAL

The 1990 CDA budget is forecast based on developed activity plans, an analysis of the 1988 interim financial statements and the experience of staff members in managing the various programs.

The budget before you has been presented to the Executive Council of CDA during a recent meeting and this provisional budget includes projects identified as priority issues by CDA.

The financial projections contained in this budget represent the best estimates possible at this time. Programs, however, continue to evolve and assumptions change. The budget will likely therefore be subjected to a further review by Executive Council at the fall planning session. Any changes recommended at that time will be presented to the Board of Governors at the 1990 interim meeting.

THE 1989 "ADJUSTED" BUDGET

The Executive Council, at their 1988 Fall Planning Session, reviewed the many program areas within CDA and attempted to assign them a priority in terms of member needs, Association image and professional trends.

This planning exercise established that some of the priorities set a year earlier had changed and it was therefore necessary to review the distribution and allocation of resources. To meet new needs, the Executive Council approved changes to the 1989 Budget as follows:

- 1 - \$50,000 increase to Publications
- 2 - \$10,000 increase to PRUC
- 3 - \$10,000 increase to Dental Material And Devices
- 4 - \$ 5,000 increase to Ethics

These changes have been incorporated into this budget. As you can see, a deficit of some \$67,000.00 is now forecast for 1989.

PRESENTATION

In the 1990 budget, revenue has been grouped by "fees" and "other income", as it has been done in the past. Expenses, however, have been grouped by service centres. The groupings are: Executive Services, encompassing the Board of Governors, Executive Council, Management Committee and other project areas related to the executive operations of the organization; Professional Services, encompassing those programs that are directly related to the practice of dentistry; Member Services, encompassing those programs that are related more to dental practice management; and Administration.

The budget is presented in three sections, each with a different degree of detail.

Section 1 (Page 1) is the projected income statement showing revenue and expenditure. It shows the "bottom line" as either a surplus or (deficit).

Section 2 (Pages 2-5) shows the various project areas grouped by the categories mentioned above.

Section 3 (Pages 6-9) provides schedules of more detailed information on revenues and expenditures within each project area where it is considered more information may be helpful.

Explanatory notes highlighting areas where there have been significant changes have been provided. The notes refer to section 2 and deal with individual project areas.

Kindly note that CDA is continuing on a transition to a functional accounting system. The past year was the first full year where staff had available to them a full breakdown of revenue and expense by project area. Unfortunately, the 1990 budget was drafted prior to the availability of the 1988 year end statements and hence staff were asked to use the older method of budgeting which leaves the bulk of various overhead expenses under "Administration". In many project areas the 'other' expense was not budgeted.

And finally, in reviewing the budget you will notice that the letters "ERR" appear frequently under the percentage comparison columns. This is simply an indication that one of the factors in the comparison is equal to "0". Kindly ignore the "ERR" messages.

REVENUE

Fees

General

Revenue from fees has been projected using the actual number of members in 1988, based on payments received as at the date the budget was prepared, and by factoring in the proposed 1990 membership fee rates. The fees for 1990 have been set at \$330.00 for active members, \$340.00 for affiliate members, \$165.00 for supporting members, \$83.00 for retired members and \$20.00 for students.

There has been no increase in the corporate member fee; however, the licensing body fees in this 1990 budget are projected to double from \$10.00 to \$20.00.

Revenue from FDI fees represents the difference between what CDA collects from Canadian dentists joining FDI and what is remitted to FDI on their behalf.

Other

Accreditation

The Accreditation revenue is expected to increase from the 1989 budget due largely to a proposed increase in the accreditation grant received from the National Dental Examining Board; it is projected to double from \$18,000.00 to \$36,000.00, in keeping with the recommendations contained in the report from the Task Force on Financial Implications of the Council on Accreditation.

Consumer product recognition

Income received from fees charged for the Seal of Recognition are expected to be up from the 1989 budget but down somewhat from the 1988 actual figures. Revenue in this area depends almost totally on the number of applications received.

DAP/DHM

In the area of the Dental Awareness Program and Dental Health Month, revenue projections have been tamed as a result of a more conservative outlook relative to 1989. This includes a scaling down of dental health month sales and a projection for fewer corporately sponsored programs.

Dental Material Recognition

Approximately \$10,000.00 has been budgeted for 1990 in the area of Dental Material Recognition. This is a new program which is expected to get underway in 1990.

Information Services

Merchandise sales are expected to increase somewhat from the 1988 actual figures. This reflects a growing variety of goods for sale.

Journal

Journal advertising revenue is expected to continue on an upward trend; sales are forecast to be some \$100,000.00 higher than 1988 actual figures. In light of recent success in this area, the 1989 adjusted budget is now considered somewhat conservative.

Property

Income from property rentals is expected to stay relatively constant despite plans to modify the existing layout of the CDA Headquarters and reduce the number of tenants. This will be achieved through increasing rental rates and by charging directly for operating costs as opposed to the use of escalation changes.

Interest

Income is expected to remain relatively constant when compared to 1989 budget and down significantly from the 1988 actual figures. This is a result of the paying down of the CDA mortgage and the consequential decrease in cash reserves. The above-noted renovations of the CDA building may have a negative effect on interest income.

Other

Other income, at \$22,000, consists primarily of royalties to be received from the Affinity Credit Card Program.

EXPENDITURE

Executive Services

Board, Executive and Management

The addition of an affiliate governor and an extra member on the Management Committee and thus Executive Council has been reflected in the 1989 and 1990 budgets. The use of lower airfares have also been factored into the budget.

President's Expenses

The President's expenses have been based on averages over the past few years.

FDI

FDI expenses are expected to rise over and above 1988 actual figures owing primarily to the location of the FDI Congress.

Intercompany Relations

This project area was introduced late in 1988 and hence is included in the 1988 actual figures and the 1990 budget but not in the 1989 budget.

President and CEO's

There was no President and CEO's meeting in 1988.

Professional Services

Accreditation

The Accreditation and Education budgets have been separated for the first time in the 1990 budget. In both areas, expenses are expected to remain relatively constant. It should be noted that the 1988 figures include the cost of the Task Force on Future Planning, approximately \$12,000.

Consumer Product Recognition

Much of the activity of this committee depends on the number of applications received from the CDA Seal of Recognition.

Dental Aptitude Program

Expenses are based on a projected number of applicants taking the test. In 1988 this number was down from earlier projections but that decline is expected to be reversed in 1989 and 1990.

Dental Material and Devices

Once the Material Recognition program is established, committee activity will be based to some degree on the demand.

Ethics

The increased activity for the Committee on Ethics is expected to continue through 1990.

Health Care

The 1990 budget reflects the merging of the Council on Health Care and Council on Hospital Institutional Services into the Community and Institutional Dentistry Committee.

PRUC

The budget for PRUC is up somewhat from the 1989 budget but up more dramatically from the 1988 actual figures as a result proposed studies to take place in the coming year.

Education

The 1988 actual figures in Educationm include the SLISA project and the expenses for both the 1987 and 1988 Teaching Conferences. Hence expenses for 1989 ad 1990 are expected to be lower.

Member Services

Government Relations

The government relation's budget is similar to that proposed for 1989 and up somewhat from the 1988 actual figure allowing for a certain amount of lobbying activity. It should be noted that the Government Relations Committee includes the Ad Hoc Committee on Medical Services Branch expenses.

Information Services

This area incorporates National Health Month expenses, and expenses for the Dental Awareness Program, as well as expenses for pamphlets and media relations activities. The budgets for these areas have been based on activity plans and past experience. However, it should be noted that there is expected to be a significant change in this area as CDA develops a new communication strategy. For the time being, the budget has been projected to allow for an amount of activity similar to previous years and a slightly curtailed DHM Program.

Membership

Membership promotion is expected to play an important role in CDA's future activities; however, it is expected that programs and materials developed in 1989 will be used again in future years.

Publications

This area incorporates the Journal as well as the newsletter, annual report, directory, other miscellaneous publications and the CDA portion of the library expenses. It should be noted that this area was given a large injection in 1989 when the CDA Executive Council added \$50,000.00 to the general communications budget. A great deal of attention will be focused on this area over the next months in relation to the development of a new communication strategy, and while a certain amount of flexibility was built into the budget the allocation of funds may be changed as the CDA communications strategy develops.

Third Party Plans

Third Party Plans Committee expenses incorporates the net expense for the Electronic Data Interchange (EDI) and the Dialogue and Dentistry (DID) projects.

Administration

Staff

In addition to payroll expense, this line incorporates approximately \$90,000.00 for staff travel as well as staff benefits, staff training and placement fees. An attempt has been made to keep any increases to an inflationary level. However, additional staff persons are expected to be required particularly in the communications area.

Operations

The decline in expense in this area is more a matter of functional accounting than decreased costs.

Property

The property expenses have been budgeted at this point without consideration of the proposed renovations.

25-Apr-89

(INC1990)

CANADIAN DENTAL ASSOCIATION

PROJECTED INCOME STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 1990

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of total
REVENUE					
FEES	\$3,343,477	\$3,040,453	\$2,835,495	110%	72%
OTHER	1,288,120	1,187,891	1,218,240	108%	28%
TOTAL REVENUE	\$4,631,597	\$4,228,344	\$4,053,735	110%	100%
EXPENSE					
EXECUTIVE SERVICES	580,173	555,083	473,903	105%	13%
PROFESSIONAL SERVICES	386,721	385,893	349,269	100%	8%
MEMBER SERVICES	1,392,374	1,252,478	1,237,483	111%	30%
ADMINISTRATION	2,268,348	2,102,525	1,924,007	108%	49%
TOTAL EXPENSE	\$4,627,616	\$4,295,979	\$3,984,662	108%	100%
NET SURPLUS / (DEFICIT)	\$3,981	(\$67,635)	\$69,073	-6%	

25-Apr-89

REVB1990

1990 BUDGET - REVENUE

	1990 Budget	1989 Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of total
FEES					
Active Fees	\$2,692,345	\$2,562,840	\$2,360,055	105%	58%
Affiliate Fees	222,420	183,330	196,350	121%	5%
Supporting Fees	15,345	9,608	13,615	160%	0%
Retired Fees	9,047	0	0	ERR	0%
Student Fees	38,040	45,885	28,481	83%	1%
Corporate Fees	104,550	102,930	104,573	102%	2%
Licensing Body Fees	257,730	132,360	128,865	195%	6%
FDI Fees	4,000	3,500	3,558	114%	0%
Total	\$3,343,477	\$3,040,453	\$2,835,495	110%	72%
OTHER					
Accreditation Surveys	\$78,200	\$63,000	\$75,550	124%	2%
Consumer Product Recognition	35,000	28,000	47,000	125%	1%
D A T	140,000	140,000	138,472	100%	3%
DAP/DHM	85,000	135,000	77,813	63%	2%
Dental Material Recognition	10,000	0	0	ERR	0%
Information Services	107,500	107,800	87,099	100%	2%
Conferences & Seminars	26,400	28,400	23,157	93%	1%
Journal	536,000	432,000	433,972	124%	12%
Property	183,020	188,191	188,669	97%	4%
Interest	65,000	65,000	129,963	100%	1%
Other	22,000	500	16,545	4400%	0%
Total	\$1,288,120	\$1,187,891	\$1,218,240	108%	28%
176					
GRAND TOTAL	\$4,631,597	\$4,228,344	\$4,053,735	110%	100%

25-Apr-89

1990 BUDGET - EXPENSE

(EXPB1990)

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
EXECUTIVE SERVICES					
Board of Governors	\$139,720	\$129,605	\$129,332	108%	3.0%
Executive Council	113,589	98,105	103,866	116%	2.5%
Management Committee	153,996	154,514	137,845	100%	3.3%
President's Expenses	69,920	77,010	51,623	91%	1.5%
Constitution & By-laws	1,350	1,337	332	101%	0.0%
F.D.I.	52,698	52,100	40,024	101%	1.1%
Intercompany Relations	10,000	0	7,492	ERR	0.2%
Nominations	4,000	1,500	835	267%	0.1%
Presidents & CEOs Conf.	10,500	10,912	33	96%	0.2%
Roles & Responsibilities	1,000	1,000	0	100%	0.0%
Spokespersons	2,000	5,000	0	40%	0.0%
New Projects	21,400	24,000	2,521	89%	0.5%
Total	\$580,173	\$555,083	\$473,903	105%	12.5%

25-Apr-89

1990 BUDGET - EXPENSE

(EXPB1990)

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
PROFESSIONAL SERVICES					
Accreditation	\$131,272	\$136,647	\$134,245	96%	2.8%
Consumer Product Recognition	20,000	23,367	11,598	86%	0.4%
DAT	140,250	136,448	118,455	103%	3.0%
Dental Materials & Devices	6,400	16,349	12,984	39%	0.1%
Dental Specialties	8,260	8,194	7,695	101%	0.2%
Education	24,154	21,539	42,362	112%	0.5%
Ethics	7,160	6,000	21	119%	0.2%
Health Care	0	9,222	9,033	0%	0.0%
Hospital Services	0	9,373	8,512	0%	0.0%
Community & Institution	13,000	0	0	ERR	0.3%
PRUC	20,225	17,754	4,361	114%	0.4%
Salaried Dentists	1,000	1,000	3	100%	0.0%
New Projects	15,000	0	0	ERR	0.3%
Total	\$386,721	\$385,893	\$349,269	100%	8.4%

25-Apr-89

(EXPB1990)

1990 BUDGET - EXPENSE

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
MEMBER SERVICES					
Government Relations	\$29,200	\$30,621	\$13,272	95%	0.6%
Information Services	333,542	321,542	424,509	104%	7.2%
Insurance & Investment	2,000	0	1,812	ERR	0.0%
Membership	59,000	80,000	27,947	74%	1.3%
Publications	778,377	624,116	586,278	125%	16.8%
Student Affairs	55,355	52,158	47,055	106%	1.2%
Taxation	16,900	19,796	40,581	85%	0.4%
Third Party Plans	95,000	124,245	96,030	76%	2.1%
New Projects	23,000	0	0	ERR	0.5%
Total	\$1,392,374	\$1,252,478	\$1,237,483	111%	30.1%
ADMINISTRATION					
Staff	\$1,527,848	\$1,378,425	\$1,254,491	111%	33.0%
Operations	472,000	463,900	397,682	102%	10.2%
Property	268,500	260,200	271,834	103%	5.8%
Total	\$2,268,348	\$2,102,525	\$1,924,007	108%	49.0%

25-Apr-89

1990 BUDGET - REVENUE

	1990 Budget	1989 Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of total
SCHEDULE O.1					
Accreditation - Colleges	\$19,100	\$27,500	\$44,000	69%	0%
Accreditation - Universities	14,600	13,500	11,000	108%	0%
Accreditation - Hospitals	8,500	4,000	2,550	213%	0%
Accreditation - NDEB Grant	36,000	18,000	18,000	200%	1%
Total	\$78,200	\$63,000	\$75,550	124%	2%
Journal - Commercial Advertising	476,000	385,000	398,543	124%	10%
Journal - Classified Advertising	40,000	26,000	17,385	154%	1%
Journal - Subscriptions Sales	18,000	18,000	16,828	100%	0%
Journal - Reprints Sales	2,000	3,000	1,215	67%	0%
Total	\$536,000	\$432,000	\$433,972	124%	12%

1990 BUDGET - EXPENSE

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
SCHEDULE E.1					
Board of Governors/Travel	\$33,250	\$36,506	\$30,830	91%	0.7%
Board Of Governors/Accommodation	33,750	36,506	27,893	92%	0.7%
Board of Governors/PD	40,100	37,948	32,890	106%	0.9%
Board Of Governors/Other	32,620	18,645	37,719	175%	0.7%
Total	\$139,720	\$129,605	\$129,332	108%	3.0%
Executive Council/Travel	21,000	17,394	16,626	121%	0.5%
Executive Council/Accommodation	17,875	17,393	22,561	103%	0.4%
Executive Council/PD	59,014	49,818	31,982	118%	1.3%
Executive Council/Other	0	0	5,316	ERR	0.0%
Executive Council Expense/Travel	5,000	4,200	2,949	119%	0.1%
Executive Council Expense/Accommod	5,400	4,200	3,563	129%	0.1%
Executive Council Expense/PD	5,300	5,100	9,399	104%	0.1%
Executive Council Expense/Other	0	0	11,471	ERR	0.0%
Total	\$113,589	\$98,105	\$103,866	111%	5.5%
Management Committee/Travel	1,500	2,175	1,151	69%	0.0%
Management Committee/Accommodation	3,300	2,175	5,618	152%	0.1%
Management Committee/PD	9,096	13,104	10,588	69%	0.2%
Management Committee/Other	0	0	2,865	ERR	0.0%
Management Committee/Honoraria	84,360	82,000	78,000	103%	1.8%
Management Committee Expense/Trave	9,000	10,000	5,688	90%	0.2%
Management Committee Expense/Accom	6,000	10,000	3,280	60%	0.1%
Management Committee Expense/PD	22,740	14,560	10,850	156%	0.5%
Management Committee Expense/Other	18,000	20,500	19,807	88%	0.4%
Total	\$153,996	\$154,514	\$137,845	100%	3.3%
President's Expenses/Travel	15,000	14,625	12,721	103%	0.3%
President's Expenses/Accommodation	9,000	14,625	6,638	62%	0.2%
President's Expenses/PD	30,320	32,760	20,405	93%	0.7%
President's Expenses/Other	0	0	895	ERR	0.0%
President's Expenses/Installation	15,600	15,000	10,963	104%	0.3%
Total	\$69,920	\$77,010	\$51,623	91%	1.5%
F.D.I. - Congress/Travel	17,698	12,500	4,171	142%	0.4%
F.D.I. - Congress/Accommodation	7,000	12,500	8,178	56%	0.2%
F.D.I. - Congress/Other	0	0	1,760	ERR	0.0%
F.D.I. - Corporate Fee	25,000	24,000	23,445	104%	0.5%
F.D.I. - Administration	3,000	3,100	2,470	97%	0.1%
Total	\$52,698	\$52,100	\$40,024	101%	1.1%

1990 BUDGET - EXPENSE

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
SCHEDULE P.1					
Accreditation/Travel	\$22,500	\$22,925	\$23,696	98%	0.5%
Accreditation/Accommodation	27,500	22,925	14,145	120%	0.6%
Accreditation/PD	11,322	14,597	7,732	78%	0.2%
Accreditation/Other	0	0	13,222	ERR	0.0%
Accreditation/Projects	0	0	12,606	ERR	0.0%
Accreditation/University Surveys	41,450	39,475	33,996	105%	0.9%
Accreditation/College Surveys	17,000	22,975	26,120	74%	0.4%
Accreditation/Hospital Surveys	11,500	13,750	2,729	84%	0.2%
Total	\$131,272	\$136,647	\$134,245	96%	2.8%
Education/Travel	3,500	3,950	7,227	89%	0.1%
Education/Accommodation	4,154	3,950	3,668	105%	0.1%
Education/PD	2,500	2,139	2,124	117%	0.1%
Education/Other	0	0	3,186	ERR	0.0%
Education/Projects	0	0	4,072	ERR	0.0%
Education/Teaching Conference	14,000	11,500	22,085	122%	0.3%
Total	\$24,154	\$21,539	\$42,362	112%	0.5%
Total Education & Accreditation	\$155,426	\$158,186	\$176,607	98%	3.4%

1990 BUDGET - EXPENSE

	1990 Budget	1989 Adj. Budget	1988 Actual	1990 Budget /1989 Budget	Item as % of Total
SCHEDULE M.1					
Government Relations/Travel	\$3,600	\$3,850	\$2,401	94%	0.1%
Government Relations/Accommodation	4,100	3,850	1,313	106%	0.1%
Government Relations/PD	6,300	6,066	2,754	104%	0.1%
Government Relations/Other	0	0	4,650	ERR	0.0%
Government Relations/Projects	7,025	8,738	0	80%	0.2%
Ad Hoc Com. on MSB/Travel	4,800	3,300	1,437	145%	0.1%
Ad Hoc Com. on MSB/Accommodation	1,800	3,300	367	55%	0.0%
Ad Hoc Com. on MSB/PD	1,575	1,517	324	104%	0.0%
Ad Hoc Com. on MSB/Other	0	0	26	ERR	0.0%
Total	\$29,200	\$30,621	\$13,272	95%	0.6%
Info. Services/Travel	3,000	4,000	6,378	75%	0.1%
Info. Services/Accommodation	5,000	4,000	1,052	125%	0.1%
Info. Services/PD	2,542	2,542	2,280	100%	0.1%
Info. Services/Other	0	0	9,611	ERR	0.0%
Info. Services/NDHM	75,000	75,000	147,185	100%	1.6%
Info. Services/DAP	156,000	156,000	197,993	100%	3.4%
Info. Services/Pamphlets	90,000	80,000	60,010	113%	1.9%
Info. Services/Press Clippings	2,000	0	0	ERR	0.0%
Total	\$333,542	\$321,542	\$424,509	104%	7.2%
Membership/Travel	2,500	2,040	2,023	123%	0.1%
Membership/Accommodation	2,500	2,040	1,397	123%	0.1%
Membership/PD	4,000	2,040	814	196%	0.1%
Membership/Other	0	0	1,482	ERR	0.0%
Membership/Promotion	50,000	73,880	22,231	68%	1.1%
Total	\$59,000	\$80,000	\$27,947	74%	1.3%
Publications/Travel	6,000	3,750	4,225	160%	0.1%
Publications/Accommodation	2,500	3,750	2,496	67%	0.1%
Publications/PD	3,682	3,306	3,410	111%	0.1%
Publications/Other	0	0	770	ERR	0.0%
Publications/Newsletter	90,000	40,000	14,635	225%	1.9%
Publications/Annual Report & Dir.	10,000	0	0	ERR	0.2%
Publications/Other Publications	10,000	50,000	0	20%	0.2%
Publications/Library	22,915	19,710	33,348	116%	0.5%
Publications/Journal Production	493,100	418,500	461,005	118%	10.7%
Publications/Journal Sales	140,180	85,100	66,389	165%	3.0%
Total	\$778,377	\$624,116	\$586,278	125%	16.8%
Third Party Plans/Travel	12,000	12,900	12,487	93%	0.3%
Third Party Plans/Accommodation	10,000	12,900	9,938	78%	0.2%
Third Party Plans/PD	14,500	9,945	7,025	146%	0.3%
Third Party Plans/Other	0	0	6,947	ERR	0.0%
Third Party Plans/Projects	25,000	20,000	47,734	125%	0.5%
Third Party Plans/Consulting	3,500	3,500	1,537	100%	0.1%
Third Party Plans/E D I (Net)	10,000	25,000	10,362	40%	0.2%
Third Party Plans/D I D (Net)	20,000	40,000	0	50%	0.4%
			183		
Total	\$95,000	\$124,245	\$96,030	76%	2.1%

AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION
TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

We have examined the statement of financial position and investment portfolios of the Canadian Dental Association Retirement Savings Plan as at May 27, 1988 and the statements of income and changes in net assets for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position and investment portfolios of the Plan as at May 27, 1988 and the results of its operations and the changes in its net assets for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Clarke Henning & Co

CHARTERED ACCOUNTANTS

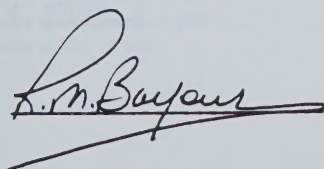
Toronto, Ontario
June 29, 1988

**STATEMENT OF FINANCIAL POSITION
AS AT MAY 27, 1988**

	1988	1987
ASSETS		
BOND & MORTGAGE FUND (FIXED INCOME)		
Investments, at market value	\$ 3,043,549	\$ 3,274,374
Mortgage fund units	14,154,903	15,483,739
Bonds	2,540,925	1,491,160
Cash and short-term deposits	359,037	370,355
Accrued income	20,098,414	20,619,628
COMMON STOCK (EQUITY) FUND		
Investments, at market value		
Common Stocks	28,431,084	33,026,543
Bonds	14,000	—
Cash and short-term deposits	3,171,831	3,870,381
Accrued income	66,779	92,388
	31,683,694	36,989,312
MONEY MARKET FUND		
Investments, at market value		
Bonds	698,250	698,250
Cash and short-term deposits	15,714,470	11,709,027
Accrued interest	3,825	4,392
	16,416,545	12,411,669
BALANCED FUND		
Investments, at market value		
Diversified fund units	12,336,013	12,175,608
Cash and short-term deposits (bank indebtedness)	(15,601)	70,105
	12,320,412	12,245,713
GIC FUND (GUARANTEED)		
Investment certificates of The Imperial Life Assurance Company of Canada	11,507,075	1,992,435
Accrued interest	681,030	271,271
	12,188,105	2,263,706
TOTAL ASSETS OF THE PLAN REPRESENTING PARTICIPANTS' INTEREST	<u>\$92,707,170</u>	<u>\$84,530,028</u>

APPROVED ON BEHALF OF CANADIAN DENTAL ASSOCIATION:

 Governor

 Governor

**STATEMENT OF INCOME
YEAR ENDED MAY 27, 1988**

BOND & MORTGAGE FUND (FIXED INCOME)	1988	1987
Income		
Interest — Bonds	\$ 1,307,648	\$ 1,366,188
— Cash and short-term deposits	316,022	100,793
Profit (loss) on sale of investments	(355,076)	32,652
	<u>1,268,594</u>	<u>1,499,633</u>
Expenses		
Administration fees	137,374	115,400
Other	5,071	5,628
	<u>142,445</u>	<u>121,028</u>
Net Income	<u>\$ 1,126,149</u>	<u>\$ 1,378,605</u>
COMMON STOCK (EQUITY) FUND		
Income		
Dividends	\$ 690,165	\$ 573,204
Interest — Cash and short-term deposits	387,693	442,273
Profit on sale of investments	<u>2,218,710</u>	<u>1,911,999</u>
	<u>3,296,568</u>	<u>2,927,476</u>
Expenses		
Administration fees	240,595	192,086
Other	9,539	9,465
	<u>250,134</u>	<u>201,551</u>
Net Income	<u>\$3,046,434</u>	<u>\$ 2,725,925</u>
MONEY MARKET FUND		
Income		
Interest — Bonds	34,964	\$ 4,392
— Cash and short-term deposits	1,178,948	40,308
Profit on sale of investments	—	417,644
	<u>1,213,912</u>	<u>462,344</u>
Expenses		
Administration fees	99,536	68,051
Other	3,375	3,551
	<u>102,911</u>	<u>71,602</u>
Net Income	<u>\$ 1,111,001</u>	<u>\$ 390,742</u>
BALANCED FUND		
Income		
Interest — Cash and short-term deposits	\$ 24	\$ 1,462
Profit on sale of investments	—	4,560
	<u>24</u>	<u>6,022</u>
Expenses		
Administration fees	86,369	47,398
Other	3,197	2,332
	<u>89,566</u>	<u>49,730</u>
Net loss	<u>\$ (89,542)</u>	<u>\$ (43,708)</u>
GIC FUND (GUARANTEED)		
Interest income	<u>\$ 409,759</u>	<u>\$ 118,892</u>

STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MAY 27, 1988

	1988	1987
BOND & MORTGAGE FUND (FIXED INCOME)		
Net deposits (redemptions)	\$ (1,897,505)	\$ 2,697,701
Net income	1,126,149	1,378,605
Change in market value of investments	250,142	95,590
Increase (decrease) in net assets	(521,214)	4,171,896
Net assets at beginning of year, at market value	20,619,628	16,447,732
Net assets at end of year, at market value	<u>\$ 20,098,414</u>	<u>\$ 20,619,628</u>
Unit value	<u>\$ 60.68766</u>	<u>\$ 56.43377</u>
COMMON STOCK (EQUITY) FUND		
Net deposits (redemptions)	\$ (1,723,261)	\$ 4,140,101
Net income	3,046,434	2,725,925
Change in market value of investments	(6,628,791)	2,813,541
Increase (decrease) in net assets	(5,305,618)	9,679,567
Net assets at beginning of year, at market value	36,989,212	27,309,745
Net assets at end of year, at market value	<u>\$ 31,683,594</u>	<u>\$ 36,989,312</u>
Unit value	<u>\$ 12.95931</u>	<u>\$ 143.50393</u>
MONEY MARKET FUND		
Net deposits	\$ 2,857,969	\$ 827,110
Net income	1,111,001	390,742
Change in market value of investments	35,906	404,531
Increase in net assets	4,004,876	1,622,383
Net assets at beginning of year, at market value	12,411,669	10,789,286
Net assets at end of year, at market value	<u>\$ 16,416,545</u>	<u>\$ 12,411,669</u>
Unit value	<u>\$ 40.52184</u>	<u>\$ 37.46978</u>
BALANCED FUND		
Net deposits	\$ 305,236	\$ 6,657,537
Net loss	(89,542)	(43,708)
Change in market value of investments	(140,995)	771,860
Increase in net assets	74,699	7,385,689
Net assets at beginning of year, at market value	12,245,713	4,860,024
Net assets at end of year, at market value	<u>\$ 12,320,416</u>	<u>\$ 12,245,713</u>
Unit value	<u>\$ 24.40966</u>	<u>\$ 24.77387</u>
GIC FUND (GUARANTEED)		
Net deposits	\$ 9,514,640	\$ 488,805
Net income	409,759	118,892
Increase in net assets	9,924,399	607,697
Net assets at beginning of year	2,263,706	1,656,009
Net assets at end of year	<u>\$ 12,188,105</u>	<u>\$ 2,263,706</u>

INVESTMENT PORTFOLIOS
AS AT MAY 27, 1988
BOND & MORTGAGE FUND (FIXED INCOME)

Units	No. of Units	Cost	Market Value
The Imperial Life Assurance Company of Canada Pooled Mortgage Fund Units	44,152	\$ 1,552,746	\$ 3,043,549
Bonds	Par Value		
Government of Canada			
May 1, 1996 — 9.25%	575,000	556,600	556,312
October 1, 1997 — 9.75%	200,000	197,600	198,250
October 1, 2001 — 9.50%	650,000	656,062	631,312
December 15, 2002 — 11.25%	550,000	625,900	587,812
March 1, 2005 — 12.00%	350,000	419,475	391,562
September 1, 2005 — 12.25%	850,000	1,036,150	969,000
October 1, 2010 — 8.75%	500,000	471,250	437,500
November 1, 1988 — coupon	58,500	45,852	56,160
May 1, 1989 — coupon	58,500	43,729	53,586
November 1, 1989 — coupon	58,500	41,681	50,924
May 1, 1990 — coupon	58,500	39,780	48,555
November 1, 1990 — coupon	58,500	37,879	46,129
May 1, 1991 — coupon	58,500	36,054	43,962
		4,208,012	4,071,064
Provincial Bonds			
Alberta Government			
9.50% due July 8, 1997	500,000	496,875	471,875
Manitoba Municipal			
8.25% due March 31, 1990	550,000	548,075	533,500
Newfoundland Municipal Finance			
10.375% due May 3, 2000	650,000	646,750	622,375
Ontario			
7.75% due December 1, 1997	100,000	87,500	85,375
Ontario Hydro			
9.50% due June 1, 1993	250,000	249,250	245,625
Ontario Hydro			
8.5% due November 30, 1998	1,750,000	1,594,687	1,548,750
Ontario Hydro			
9.25% due January 6, 2004	1,800,000	1,737,000	1,617,750
Quebec			
9.50% due September 2, 2011	500,000	436,300	436,875
		5,796,437	5,562,125

INVESTMENT PORTFOLIOS

AS AT MAY 27, 1988

BOND & MORTGAGE FUND (FIXED INCOME) — Continued)

Bonds	Par Value	Cost	Market Value
Corporate Bonds			
Bank of Nova Scotia Mortgage Corp. 9.62% due August 15, 1990.....	325,000	\$ 325,000	\$ 320,939
Bank of Montreal Mortgage Corp. 10.84% due September 5, 1990.....	250,000	256,250	252,250
Bank of Montreal Mortgage Corp. 10.05% due July 15, 1993.....	300,000	303,540	294,450
Bank of Montreal Mortgage Corp. 9.70% due July 29, 1991.....	300,000	299,550	294,750
Bank of Montreal Mid Term B/A 9.75% due July 26, 1991.....	200,000	200,000	196,800
Canadian Imperial Bank of Commerce 10.375% due June 18, 1990.....	250,000	252,200	250,000
Continental Bank Mortgage Corp. 11.00% due June 21, 1990.....	500,000	500,000	505,000
Royal Bank 11.67% due January 10, 1989.....	250,000	258,750	252,500
Royal Bank Mortgage 9.75% due October 6, 1991.....	1,500,000	1,498,125	1,473,750
Royal Trust GIC 9.50% due May 1, 1991.....	600,000	588,600	588,900
Traders Group 8.75% due May 1, 1993.....	100,000	88,750	92,375
		<u>4,570,765</u>	<u>4,521,714</u>
Total bonds		<u>\$14,395,214</u>	<u>\$14,154,903</u>

INVESTMENT PORTFOLIOS

AS AT MAY 27, 1988

COMMON STOCK (EQUITY) FUND

Canadian Equities	No. of Shares	Cost	Market Value
Communications and Media			
Astral Bellevue Pathe Inc. Class A	50,000	\$ 322,600	\$ 387,500
Astral Bellevue Pathe Inc. Class B	8,900	90,856	72,312
CHUM Ltd. Class B	30,600	514,692	527,850
Shaw Cablesystems Ltd. Class B	99,000	561,000	891,000
Thompson Newspapers Class A	26,100	325,758	672,075
		1,814,906	2,550,737
Consumer Products			
C.C.L. Industries Inc. Class B	18,900	341,712	146,475
Corby Distilleries Ltd.	25,400	509,778	444,500
F.C.A. International Ltd.	27,900	523,757	258,075
Imasco Ltd.	17,000	516,085	435,625
M.D.S. Health Group Ltd. Class B	22,500	394,252	562,500
Nelson Holding International Pref. A	54,100	311,075	48,690
The Seagram Company Limited	7,000	635,880	439,250
		3,232,539	2,335,115
Financial Services			
Bank of Nova Scotia	21,800	312,657	267,050
Canadian Imperial Bank of Commerce	54,000	934,163	1,147,500
National Bank of Canada	48,400	647,400	435,600
Power Financial Corporation	24,400	333,975	350,750
Royal Bank of Canada	13,100	427,642	363,525
Toronto-Dominion Bank	31,403	554,026	918,537
Central Capital Corp. Class A	79,800	1,177,050	718,200
		4,386,913	4,201,162
Gold			
Echo Bay Mines Limited	19,200	278,400	496,800
Hemlo Gold Mines	15,100	377,348	234,050
Placer Dome Inc.	28,800	374,400	457,200
		1,030,148	1,188,050
Industrial Products			
Derlan Industries Ltd.	46,600	500,950	541,725
GEAC Computer Con 6.00% Conv. Pref.	300,000	300,000	126,000
Ipsco Inc.	7,423	105,765	115,056
Moore Corporation Ltd.	49,047	939,548	1,440,755
Northern Telecom Ltd.	22,600	551,891	468,950
		2,398,154	2,692,486
Management Companies			
Canadian Pacific Ltd.	56,800	996,577	1,221,200
Merchandising			
Computer Innovation Distribution Inc.	94,400	279,424	226,560
Canadian Tire Corp. Ltd. Class A	37,200	485,076	576,600
		764,500	803,160

INVESTMENT PORTFOLIOS

AS AT MAY 27, 1988

COMMON STOCK (EQUITY) FUND — Continued

Canadian Equities	No. of Shares	Cost	Market Value
Metals and Minerals			
Alcan Aluminium Limited	18,450	614,951	608,850
Falconbridge Nickel Mines Ltd.	17,700	418,310	420,375
Teck Corporation Class B	46,918	574,645	715,499
Cominco Limited	10,000	170,960	188,750
		<u>1,778,866</u>	<u>1,933,474</u>
Oil and Gas			
Norcen Energy Resources	48,800	674,583	854,000
Shell Canada Ltd. Class A	16,100	445,902	611,800
BP Canada	10,000	215,075	205,000
Saskatchewan Oil and Gas Corp.	29,300	273,590	263,700
		<u>1,609,150</u>	<u>1,934,500</u>
Paper and Forest Products			
British Columbia Forest Products Limited	32,900	702,572	744,800
Consolidated Bathurst Inc. Class A	29,800	301,499	428,375
MacMillan Bloedel Ltd.	32,900	687,383	592,200
		<u>1,691,454</u>	<u>1,765,375</u>
Pipelines			
Interhome Energy	15,000	414,000	710,625
Real Estate and Construction			
Cambridge Shopping Centre	27,100	754,124	711,375
Trizec Corporation Limited Class A	9,600	145,909	285,600
Trizec Corporation Limited Class B	18,450	272,405	581,175
		<u>1,172,438</u>	<u>1,578,150</u>
Transportation			
Laidlaw Transportation Ltd. Class A	76,750	202,534	1,151,250
Pacific Western Airline Corp. Conv.			
7.625 due December 30, 1996	200,000	200,000	188,000
Pacific Western Airline Corp.	25,000	510,953	462,500
		<u>913,487</u>	<u>1,801,750</u>
Utilities			
Bell Canada Enterprises Ltd.	26,500	958,833	983,812
Transalta Utilities Corporation Class A ..	19,304	277,495	265,430
		<u>1,236,328</u>	<u>1,249,242</u>
Total Canadian Equities (91.33%)		<u>\$23,439,460</u>	<u>\$25,965,026</u>

INVESTMENT PORTFOLIOS

AS AT MAY 27, 1988

COMMON STOCK (EQUITY) FUND — Continued

United States Equities	No. of Shares	Cost	Market Value
Basic Industries			
Amax Inc.	6,000	169,218	148,776
Dow Chemical Company	1,600	69,566	157,454
Ethyl Corporation	4,000	104,568	101,043
Henley Group	2,000	57,033	55,171
		<u>400,385</u>	<u>462,444</u>
Capital Goods			
Westinghouse Electric Corporation	5,000	138,592	315,374
Capital Goods — Technology			
Boeing Company	5,400	211,819	360,688
International Business Machines Corp.	500	109,267	67,104
Lockheed Corporation	2,000	149,692	103,523
		<u>470,778</u>	<u>531,315</u>
Oil			
The British Petroleum Company	2,000	45,402	35,024
Consumer Growth			
Johnson & Johnson	2,200	114,871	203,544
Merck & Company Inc.	2,400	47,828	151,007
Pepsico Inc.	2,100	30,363	89,823
R.J.R. Nabisco Inc.	1,000	88,539	58,115
		<u>281,601</u>	<u>502,489</u>
Credit Cyclical			
Bowater Inc.	2,000	96,479	73,768
Georgia Pacific Corporation	3,000	133,293	138,082
		<u>229,772</u>	<u>211,850</u>
Defensive Consumer Staples			
Anheuser Busch Cos. Inc.	2,000	70,037	74,078
Clorox Company	2,400	41,317	84,430
		<u>111,354</u>	<u>158,508</u>
Retail Stores			
Woolworth	1,000	66,410	61,990
Financial			
Citicorp.	2,000	76,715	56,724
Federal National Mortgage Association ..	2,000	118,310	96,088
Firemans Fund Corp.	1,000	50,019	34,252
		<u>245,044</u>	<u>187,064</u>
Total United States Equities (8.67%)		<u>\$ 1,989,338</u>	<u>\$ 2,466,058</u>
Total Common Stocks (100.00%)		<u>\$25,428,798</u>	<u>\$28,431,084</u>
Bonds			
Corporate bonds			
Transalta Utilities			
9.09% due February 1, 1993	14,000	<u>\$ —</u>	<u>\$ 14,000</u>

INVESTMENT PORTFOLIOS
AS AT MAY 27, 1988

MONEY MARKET FUND

	<u>Par Value</u>	<u>Cost</u>	<u>Market Value</u>
Bank of Nova Scotia floating certified deposit — March 31, 1992 ..	700,000	\$ 700,000	\$ 698,250

BALANCED FUND

	<u>No. of Units</u>		
The Imperial Life Assurance Company of Canada Pooled Diversified Fund Units.....	265,461	<u>\$10,667,910</u>	<u>\$12,336,013</u>

NOTES TO FINANCIAL STATEMENTS

Year ended May 27, 1988

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

(a) **Investments**

Investments are stated at market value on the following basis:

- (i) Stocks listed on a recognized stock exchange are valued at their closing sale prices.
- (ii) Bonds are valued at the average of bid and ask prices at May 27, 1988.
- (iii) Units of The Imperial Life Assurance Company of Canada are valued on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

(b) **Valuation of units**

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

(c) **Income**

Dividends are recognized as income on the ex-dividend date. Interest income is accrued at the stated rate of the debt security.

(d) **Contributions, transfers, terminations**

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

(e) **Foreign currency translation**

Accounts in foreign currencies have been translated into Canadian dollars as follows:

- (i) current assets and current liabilities at the exchange rate prevailing at the Balance Sheet date;
- (ii) purchases and sales of investments and revenue and expenses at the rate of exchange prevailing on the respective dates of such transactions.

Gains or losses resulting from the translation of foreign currencies are included in income.

APPENDIX V

1989 Per Diem and Honoraria Rates

The honoraria rates for 1989 will be as follows:

President:	\$40,560
Past-President:	\$20,280
President-Elect:	\$20,280

The per diem rates for 1989 be as follows:

President, Past-President, President-Elect, Chairman of the Board	Vice-President Executive Council Members	Committee/Council Chairmen and Presidential Appointees
---	--	---

	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Friday	728	364	510	255	338	169
Sat.-Sunday	364	182	255	128	169	85
<u>Travel Days</u>						
Mon. to Friday	728	364	510	255	338	169
Sat.-Sunday	0	0	0	0	0	0

MEMBERSHIP COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Committee Members: Dr. Gilles Dubé, Chairman, Lachute
Dr. Bernard Dolansky, Ottawa
Dr. Bill Rosebush, Vancouver
Dr. Sam Sgro, St-Leonard

Coordinator: Mr. Joel Neal

1. Committee Meetings

The Membership Committee has met twice recently, once by Conference call on October 7, 1988 and a formal meeting at CDA headquarters on November 18, 1988.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Communication Strategy

The members were advised that the CDA had undertaken a review of its current communication vehicles and were proposing the development of a new communication strategy that would focus on the dissemination of more information to the membership.

Members agreed an effective communication strategy would be a powerful marketing tool and discussed at some length how CDA publications could better promote membership. In this discussion the issue of sending the CDA Journal to all dentists was raised again, as was CDA's practice of sending other periodic publications to non-members. The Committee agreed that this practice was likely having a negative impact on the efforts of CDA to market membership in the voluntary provinces.

It was therefore considered imperative that CDA restrict publications to members only whenever possible. At the same time, the Committee agreed there was a need to promote the benefits of membership by sending non-members periodic updates highlighting CDA's accomplishments accompanied by correspondence encouraging them to join. This package might also include a membership application form.

Staff were advised to ensure the views of the Committee were incorporated into the Communication strategy.

MEMBERSHIP COMMITTEE

3. Membership Certificate

The Committee was advised that a preliminary analysis of the cost of printing membership certificates indicated the job could probably not be done within the specified budget. Members agreed that a well designed, professional looking certificate would be appreciated by many dentists and would likely be displayed in the reception area as evidence of their professional standing and their affiliation with CDA.

It was further agreed that if the certificate was patterned after the "Patient Bill of Rights" published by the California Dental Association and designed to incorporate the CDA Code of Ethics, it might be more useful to members as an effective public relations tool.

Given that the Executive Council had approved a review of the CDA Code of Ethics and that a new Committee had been charged with the development of a revised Code of Ethics, the members agreed the development of such a certificate would be a timely undertaking.

Staff were asked to ensure the new committee was made aware of the Membership Committee's interest in this regard and give further consideration to the budget for this item, with consideration as well as the possibility of selling the certificates and thereby generating off-setting revenue.

4. 1989 Membership Campaign

App. 1

The first mailing of the Membership Committee was on December 16, 1988. Included in the mailing was a covering letter, one of three targeted to designated audiences and signed by Dr. Niedermayer, an enrollment form, a postage-paid return envelope and a brochure highlighting recent CDA accomplishments. (See Appendix 1). Results to date are comparable to recent years, given the later start to the campaign in 1988. (See Appendix 2).

App. 2

5. 1990 Membership Campaign

The Committee plans to develop a central theme for the 1990 campaign. The development of a theme will help focus the energy of the Committee's activities more accurately and thus increase the likelihood of success.

MEMBERSHIP COMMITTEE

6. Membership Services - Affinity credit card

The affinity credit card program, promoted by the Bank of Montreal, has met with some considerable success. While no statistical data was yet available, some 450 to 500 cards are reported to have been issued and applications are apparently being received on a daily basis.

7. Proposed Membership Services - Vehicle Leasing Program

App. 3

Regretfully, CDA was advised that plans to develop a vehicle leasing program with PHH (Canada) Inc. have been terminated due to concerns expressed by vehicle dealers over the potential loss of business (see Appendix 3). There are no plans at this point to pursue the matter.

8. Proposed Membership Services - Home-Auto Insurance

Interest was expressed by the Committee in setting up a home/auto insurance program for CDA members, similar to that currently offered by the ODA. Information will be gathered by staff, including input from both CDSPI and the ODA.

9. Proposed Membership Services - Office Equipment

Members were advised that Xerox was interested in conducting a pilot project to determine members interest in the proposed office equipment purchase program. As well, staff are investigating a possible link to the Committee's proposed practice management seminar program.

Both matters are being pursued by staff.

10. Proposed Membership Services - Sterilization Control

Continued interest was expressed in the equipment sterilization program by both dentists and hospitals and now the private sector. The Committee will continue to explore this area and look for a sponsor for the program.

MEMBERSHIP COMMITTEE

11. Recommendation from the Committee on Student Affairs

The Committee addressed two recommendations from the Committee on Student Affairs:

- a) revised fee payment schedule for new graduates
- b) information pamphlet for new graduates

The revised fee payment schedule was discussed at length. Members acknowledge that adjusting the fee schedule would also affect the mandatory provinces and thus would have a serious impact on the financial resources of the Association. Nonetheless it was also important however that CDA be receptive to the needs of recent graduates.

Staff were directed to analyse the matter and make a recommendation on how such a revision might be implemented.

Discussion on the development of the information pamphlet was postponed.

12. Membership Lists

Asked whether the CDA membership list should be made available for sale for commercial use, the members agreed, that as a matter of principle, the list should not be provided for sale.

Respectfully submitted,

Dr. Gilles Dubé, Chairman
Membership Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Membership Committee with appreciation.



APPENDIX 1

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

December, 1988

Dear Colleague:

Enclosed with this letter you will find a brochure that outlines the many issues and concerns the CDA has addressed this past year on your behalf.

Whether it is developing policies to ensure Canadians receive the best oral health care possible, or lobbying to ensure the privilege of self regulation is protected, the CDA has and will continue to serve you.

The CDA is on the front line of the constant struggle to preserve and indeed enhance, our profession and professionalism. We are all aware of the need to maintain constant liaison with government, third party administrators, universities, the public and all the other groups that are part of our professional environment. At times, the range of our activities seems endless but it all begins with and is based on you - the individual member.

The credibility of any association is based on its representation of the body it claims to represent. To be effective, we need the support of all dentists including you. A good example of this is the lobby we mounted on the issue of a national sales tax on dental services.

Moreover, to encourage the many volunteers who work for the association on your behalf, it is important that you make the commitment to support the association by including yourself as a member.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

P.S. The CDA is also working to develop a variety of tangible benefits for its members. The recently launched affinity credit card program and the proposed vehicle leasing program are just two examples. Watch for details.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

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Jack W. Niedermayer, B.A., D.D.S.
President

P.S. A new category of membership with a reduced fee, is now available to those dentists who are fully retired from practice but who have not yet reached the criteria for life membership.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

December, 1988

Dear Colleague:

Enclosed with this letter you will find a brochure that outlines the many issues and concerns the CDA has addressed this past year on your behalf.

As a recent graduate, you are probably more "in tune" with the many problems of concern to the dental practitioner of today. Issues such as patient to dentist ratios and alternate delivery systems such as capitation are of concern to all dentists but seem to impact young dentists to a greater extent.

The CDA is on the front line of the constant struggle to preserve and indeed enhance, our profession and professionalism. We are all aware of the need to maintain constant liaison with government, third party administrators, universities, the public and all the other groups that are part of our professional environment. At times, the range of our activities seems endless but it all begins with and is based on you - the individual member.

The credibility of any association is based on its representation of the body it claims to represent. To be effective, we need the support of all dentists including you. A good example of this is the lobby we mounted on the issue of a national sales tax on dental services.

It is for these reasons the CDA is appealing to you, the dentists of tomorrow, to strengthen the Association by renewing your membership and participating in the programs and projects of the CDA.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

P.S. The CDA is also working to develop a variety of tangible benefits for its members. The recently launched affinity credit card program and the proposed vehicles leasing program are just two examples. These programs will move forward only with your cooperation and participation.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Decembre, 1988

Chers collègues,

Le dépliant ci-joint donne un aperçu des grandes questions dont l'Association dentaire canadienne s'est occupée dans votre intérêt au cours de l'année.

Qu'il s'agisse de l'élaboration de politiques visant à assurer les meilleurs soins buccaux à la population ou d'interventions visant à protéger l'autonomie professionnelle, l'ADC continuera de vous servir comme par le passé.

Comme elle joue un rôle de premier plan en ce qui concerne la promotion de l'excellence et l'avancement de la profession, l'Association entretient des rapports soutenus avec le gouvernement, les dirigeants des régimes de soins dentaire, les universités, la population en général et les autres groupes d'intérêt qui forment le milieu dans lequel évolue la profession.

La tâche paraît parfois immense, mais c'est, somme toute, en chacun de vous, les dentistes, que l'organisation trouve sa raison d'être et sa force, car elle ne sera digne de foi que si elle représente adéquatement la profession dont elle est le porte-parole.

Ainsi, pour assurer sa propre efficacité, l'Association a besoin de l'appui de tous les dentistes, y compris le vôtre, comme nous l'avons vu au cours de notre campagne concernant le projet de taxe de vente fédérale sur les soins dentaires.

Par ailleurs, ne serait-ce que pour encourager les nombreux collègues qui s'y dévouent bénévolement dans votre intérêt, vous vous devez de prendre l'engagement d'appuyer votre association en lui donnant votre adhésion en tant que membre.

Vous remerciant de l'attention que vous porterez à la présente, je vous prie d'agréer l'assurance de notre entier dévouement.

Le Président,

Jack W. Niedermayer, B.A., D.D.S.

P.S. L'ADC développe pour ses membres de nouveaux services tels que la carte de crédit qui a été lancée récemment ou le service de location de voitures encore à l'état de projet.



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Le Président,

Jack W. Niedermayer, B.A., D.D.S.

P.S. Une nouvelle catégorie de membres, à cotisation réduite, a été créée à l'intention des collègues qui se sont entièrement retirés de l'exercice de la profession sans toutefois avoir encore droit au titre de membre perpétuel.



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TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Decembre, 1988

Chers collègues,

Le dépliant ci-joint donne un aperçu des grandes questions dont l'Association dentaire canadienne s'est occupée dans votre intérêt au cours de l'année.

Ayant reçu votre diplôme récemment, vous êtes plus sensibles aux nombreux problèmes qui assaillent le professionnel d'aujourd'hui. Si elles intéressent tous les dentistes, des questions telles que le rapport dentiste-patient ou les nouveaux modes de prestation des services comme la capitation touchent surtout les jeunes dentistes.

Comme elle joue un rôle de premier plan en ce qui concerne la promotion de l'excellence et l'avancement de la profession, l'Association entretient des rapports soutenus avec le gouvernement, les dirigeants des régimes de soins dentaire, les universités, la population en général et les autres groupes d'intérêt qui forment le milieu dans lequel évolue la profession.

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Le Président,

Jack W. Niedermayer, B.A., D.D.S.

P.S. L'ADC développe aussi pour ses membres de nouveaux services tels que la carte de crédit qui a été lancée récemment ou le service de location de voitures encore à l'état de projet. Ces initiatives ne sauraient progresser sans votre participation.

Why it pays to belong

The Association plays a vital role in safeguarding your professional interest. It's a service you cannot afford to be without.

Here is a sampling of the issues and concerns addressed by CDA this past year...

- ☐ developed a policy statement on the supervision requirements of dental hygienists
- ☐ studied the collection of data regarding current and future trends in the demand for dental services in dental practices across Canada which resulted in a decrease in first-year enrollment
- ☐ approved a position statement on denture mechanics which outlines principles of patient care
- ☐ defined principles for the use of general anaesthesia and neurolept-analgesia/heavy sedation
- ☐ adopted policies on infection control procedures and published documentation on the implementation of the recommendations for infection control procedures.
- ☐ lobbied the Department of Finance on the issue of federal sales tax on dental services
- ☐ carried out an extensive review of policies and structures supporting the CDA accreditation process for dental education, resulting in 22 recommendations intended to safeguard and enhance accreditation as a vital quality assurance program working in the interest of the public and the profession
- ☐ worked with the provincial associations, consultants and corporate sponsors to develop and produce an effective and successful dental awareness program in Canada
- ☐ demonstrated leadership in assisting the dental profession to respond effectively to new challenges associated with geriatric dentistry
- ☐ supported the development of a forum to review a linked standard of specialty certification on a national basis
- ☐ recommended the development of guidelines for non-flouride containing anti-caries agents
- ☐ developed new and valuable membership services including an affinity credit card program designed to offer tangible benefit to members and provide a source of non-dues revenue to CDA through royalty payments
- ☐ the uniform system of codes and list of services for implementation throughout Canada on January 1, 1990

Executive Council

President

Dr. J.W. Niedermayer — Regina, Saskatchewan

Past-President

Dr. R.J. Markay — Vancouver, British Columbia

President-Elect

Dr. K.L. Routh — Pembroke, Ontario

Dr. D.E. MacFarlane — Vancouver, British Columbia

Dr. R.D. Wann — Charlottetown, Prince Edward Island

Dr. L.S. Allen — Winnipeg, Manitoba

Dr. Gilles Dubé — Lachute, Québec

Dr. Bryan Sigftstad — Edmonton, Alberta

Dr. B.H. Dolaneky — Ottawa, Ontario

Board of Governors

Chairman

Dr. N.A. Mancini — Hamilton, Ontario

Staff

Chief Executive Officer

Jardine Neilson

Manager, Executive Services

Sandra Dezel

Director of Education and Accreditation

Brian Henderson

Director of Administration

Joel Neal

Director of Communications

Linda Tetenack

The Canadian Dental Association

1815 Alta Vista Drive,

Ottawa, Ontario, K1G 3Y6

(613) 523-1770

Facsimile: (613) 523-7736

Toll Free:

1-800-267-6364

1-800-267-6354

Eastern Canada except area code 709

Western Canada and area code 709

Canadian Dental Association

What it is
What it does
Why it pays to belong



What it is

The Canadian Dental Association is the authoritative voice of dentistry in Canada. It is an organization of dentists serving the dental profession and, through the profession, the Canadian public.

The Association is dedicated to the principle that all Canadians should have the best oral care it is possible to provide. To this end, CDA actively seeks dialogue with governments, consumers and all those interested in dentistry to enable it to serve more effectively both its members and the Canadian public.

What it does

The Canadian Dental Association offers a variety of programs and services to the dentists of Canada.

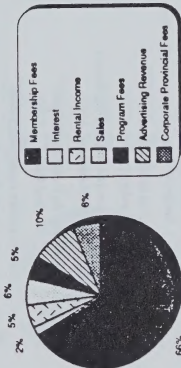
- For example, CDA ...
- ☐ interacts with national insurance carriers on a regular basis with a view to protect the interest of the profession
 - ☐ provides, with provincial dental association co-sponsors, the best, most comprehensive insurance plan available to any professional organization in Canada.
 - ☐ manages an extensive dental awareness program incorporating National Dental Health Month activities in April
 - ☐ operates a national dental information resource centre through which dental literature searches are conducted for members
 - ☐ maintains an ongoing liaison with key federal government departments including - Health and Welfare, Revenue Canada, Veterans Affairs and the Department of Finance
 - ☐ sponsors a highly successful annual convention with timely scientific sessions and exciting social events
 - ☐ markets over half a million public information pamphlets each year
 - ☐ maintains national accreditation processes for dental and dental auxiliary and hospital/institutional dental services
 - ☐ publishes a monthly Journal of original scientific articles and up-to-date dental news
 - ☐ provides a consumer product recognition service
 - ☐ administers the Dental Aptitude Test program for dental student candidates
 - ☐ runs an informative series of seminars on taxation issues

The Money:

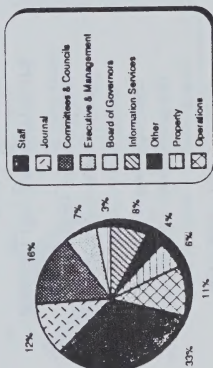
Where it comes from and where it goes*

Individual member dentists are the life blood of the Canadian Dental Association. Over sixty-five per cent of the Association's annual revenue comes in the form of fees received from individual members. It is the support from dentists like you that enables the Association to accomplish its many objectives.

Revenue



Expenditure



* based on 1989 budget data

Committees

Consumer Product Recognition Committee

Dr. Michael Egert — Edmonton, Alberta

Convention Committee

Dr. Michel Jajiah — Montréal, Québec

Dental Materials and Devices Committee

Dr. R.Y. Burolet — Montréal, Québec

Dental Specialties Committee

Dr. J.N. Wright — Winnipeg, Manitoba

Ethics Committee

Dr. J.R. Brookfield — Kirkland Lake, Ontario

Government Relations Committee

Dr. J.H. Gryfe — Weston, Ontario

Dr. B.W. Holmes — Kenora, Ontario

Health Care Committee

Dr. D.G. Sage — Woodstock, Ontario

Hospital and Institutional Services Committee

Dr. E.L. MacLennan — Ottawa, Ontario

Membership Committee

Dr. Gilles Dubé — Lachute, Québec

Information Services Committee

Dr. P. O'Brien — St. John's, Newfoundland

Nominations, Awards and Trusts Committee

Dr. R.J. Murky — Richmond, British Columbia

Publications Committee

Dr. John Hardie — Ottawa, Ontario

Salaried Dentists Committee

Dr. R.A. Turcotte — St. John, New Brunswick

Taxation Committee

Dr. R.N. Hicks — West Vancouver, British Columbia

Third Party Dental Plans Committee

Dr. D.E. MacFarlane — Vancouver, British Columbia

Student Affairs Committee

Dr. Ashika Sebdar — Winnipeg, Manitoba

Councils

Council on Constitution & By-Laws

Dr. G.H. Percock — Saskatoon, Saskatchewan

Council on Education and Accreditation

Dr. Arthur Schwartz — Winnipeg, Manitoba

Council on Insurance & Investment

(CDSPI Board of Directors)

Dr. J.E. Durran — Hamilton, Ontario

Q. rapporte-t-elle?

L'Association joue un rôle essentiel dans la sauvegarde des intérêts de votre profession. Elle offre un service dont vous ne pouvez pas vous passer.

Voici un aperçu des grandes questions dont elle s'est occupée au cours de la dernière année...

- ☐ rédaction d'un énoncé de politique sur la surveillance des soins d'hygiène dentaire;
- ☐ étude des données sur les tendances actuelles et futures de la demande en soins dentaires dans les cabinets des dentistes au pays, qui a eu comme résultat de restreindre les admissions en première année de médecine dentaire;
- ☐ approbation d'un énoncé de principe sur la denturologie réaffirmant les principes sur lesquels repose le soin des patients;
- ☐ définition des principes concernant l'anesthésie générale et l'emploi de sédatifs ou d'analgésiques puissants au cabinet du dentiste;
- ☐ adoption de principes sur la prévention de la contamination et publication d'un document sur l'application des mesures recommandées;
- ☐ révision en profondeur des orientations et de l'organisation du service d'agrément des programmes d'enseignement dentaire, qui a donné lieu à 22 recommandations visant à améliorer les mécanismes d'agrément comme moyens d'assurer la qualité de l'enseignement tant pour le bien commun que celui de la profession;
- ☐ collaboration avec les organisations provinciales, les spécialistes consultants et les commanditaires pour mettre au point et réaliser avec succès un programme de sensibilisation à la santé dentaire;
- ☐ prise d'initiatives pour aider la profession à relever les nouveaux défis que pose la dentisterie gériatrique;
- ☐ développement d'un point de convergence pour promouvoir l'uniformisation des normes concernant la délivrance des certificats de spécialiste partout au pays;
- ☐ recommandation concernant l'élaboration de règles concernant les agents de prévention de la carie sans fluorure;
- ☐ mise au point de nouveaux et précieux services aux membres, notamment l'établissement d'une carte de crédit offrant aux membres de réels avantages tout en procurant à l'ADC une nouvelle source de revenus.

Conseil d'écritif

Président

Dr J.W. Niedermayer — Regina (Saskatchewan)

Président sortant

Dr R.J. Markey — Richmond (C.-B.)

Président élu

Dr K.L. Roach — Pembroke (Ontario)

Dr D.E. MacFarlane — Vancouver (C.-B.)

Dr R.D. Wenn — Charlottetown (N.-P.-É.)

Dr L.S. Allen — Winnipeg (Manitoba)

Dr Gilles Dohé — Lachute (Québec)

Dr Bryan Sigfstead — Edmonton (Alberta)

Dr B.H. Dolansky — Ottawa (Ontario)

Bureau des gouverneurs

Président

Dr M.A. Mancini — Hamilton (Ontario)

Personnel

Directeur général

Jardine Neilson

Chef de la direction

Sandra Desai

Directeur de l'éducation et de l'agrément

Brian Henderson

Directeur de l'administration

Jodi Neal

Directrices des communications

Linda Telemuck

L'Association dentaire canadienne

1815, Promenade Alta Vista

Ottawa (Ontario) K1G 3Y6

(613) 523-1770

Faximile: (613) 523-7736

Sans frais:

1-800-267-6364

L'Est du Canada, sauf l'indicateur régional 709

1-800-267-6354

L'Ouest du Canada et l'indicateur régional 709



Qu'est-ce que c'est?
Que fait-elle?
Que rapporte-t-elle?

Qu'est-ce que c'est?

Porte-parole officiel et principale ressource des dentistes du pays, l'Association dentaire canadienne est au service de la profession de la médecine dentaire et, par le biais de celle-ci, de la population canadienne.

L'Association a pour principe que tous les Canadiens doivent recevoir les meilleurs soins buccaux possibles et pour servir au mieux ses membres et la population canadienne, elle recherche activement, par le dialogue, la participation des gouvernements, des consommateurs et de toute personne qui s'intéresse à la médecine dentaire.

Que fait-elle?

L'Association dentaire canadienne offre divers services aux dentistes du pays et organise pour eux un certain nombre d'activités. En voici quelques exemples ...

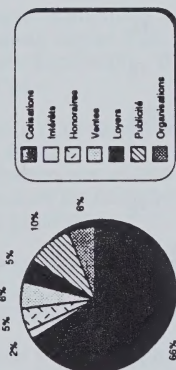
- ☐ intervention constante auprès des assureurs ou des régimes de soins dentaires en vue de protéger l'intérêt de la profession;
- ☐ parrainage, de concert avec les organisations dentaires des provinces, du régime d'assurance le meilleur et le plus complet offert à quelque organisation professionnelle que ce soit du pays;
- ☐ administration d'un important programme de sensibilisation à la santé dentaire comprenant le mois de la santé dentaire en avril;
- ☐ administration d'un centre national d'information et de recherche documentaire pour les membres;
- ☐ liaison continue avec les principaux ministères de gouvernement fédéral, tels Santé et Bien-être Canada, le ministère des Finances ou celui des Anciens combattants;
- ☐ organisation d'un important congrès annuel qui comprend des rencontres scientifiques fort opportunes et d'intéressantes activités sociales;
- ☐ distribution annuelle de plus d'un million de dépliants d'information populaire;
- ☐ centre national d'agrément des écoles de formation des dentistes et des auxiliaires dentaires ainsi que des services dentaires des hôpitaux et des institutions;
- ☐ publication mensuelle d'un journal professionnel qui comprend des articles scientifiques et des nouvelles du milieu dentaire;
- ☐ organisation d'une série de séminaires sur les questions fiscales.

Les fonds:

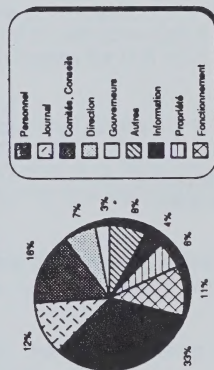
D'où proviennent les fonds? À quel servent-ils?*

Ce sont ses membres individuels qui constituent l'élément vital de l'Association dentaire canadienne. En effet, leurs cotisations représentent plus de soixante-cinq pour cent du revenu annuel de l'Association. C'est donc l'appui de dentistes comme vous qui lui permet de réaliser ses nombreux objectifs.

Répartition du revenu



Répartition des dépenses



* Source: le budget de 1989

Comités

Comité des produits de consommation
Dr Michael Eggert — Edmonton (Alberta)

Comité des congrès

Dr Michel Jabjah — Montréal (Québec)

Comité des matériaux et appareils dentaires

Dr R.Y. Barolet — Montréal (Québec)

Comité des spécialités dentaires

Dr J.N. Wrigley — Winnipeg (Manitoba)

Comité de déontologie

Dr J.R. Brookfield — Kirkland Lake (Ontario)

Comité des relations avec le gouvernement

Dr J.H. Gryfe — Wexau (Ontario)

Dr B.W. Holmes — Kenora (Ontario)

Comité des soins de santé

Dr D.G. Sage — Woodstock (Ontario)

Comité des services hospitaliers et institutionnels

Dr E.L. Macdonald — Oshawa (Ontario)

Comité de recrutement

Dr Gilles Dubé — Lachute (Québec)

Comité des services d'information

Dr P. O'Brien — St. John's (Terre-Neuve)

Comité des candidatures, des distinctions et des fondations

Dr R.J. Markey — Richmond (C.B.)

Comité des publications

Dr John Hardie — Ottawa (Ontario)

Comité des dentistes salariés

Dr R.A. Turcotte — St. John (N.B.)

Comité de la fiscalité

Dr B.N. Hicks — Vancouver-Ouest (C.B.)

Comité des régimes de soins dentaires

Dr D.E. Macfarlane — Vancouver (C.B.)

Comité des affaires étudiantes

Dr Ashoka Sobdar — Winnipeg (Manitoba)

Conseils

Conseil des statuts et règlements

Dr G.H. Peacock — Saskatoon (Saskatchewan)

Conseil de l'éducation et de l'agrément

Dr Arthur Schwartz — Winnipeg (Manitoba)

Conseil des assurances et des placements

(Conseil d'administration du CDSPT)

Dr J.E. Durran — Hamilton (Ontario)

CANADIAN DENTAL ASSOCIATION1 9 8 9 MEMBERSHIP RETURNS AS AT FEBRUARY 3 1989

	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>OTHER VOLUNTARY</u>	<u>TOTALS</u>
<u>1 9 8 9</u>				
ACTIVE	2,086	825	3	2,914
ACTIVE/SPECIALISTS QUE		159	-	159
AFFILIATE	32	29	23	84
SUPPORTING DENTISTS	25	4	17	46
SUPPORTING NON-DENTISTS	-	-	-	-
RETIRED	8	11	19	38
STUDENT	49	36	31	116
SUB-TOTAL	<u>2,200</u>	<u>1,064</u>	<u>93</u>	<u>3,357</u>
LIFE, HONORARY & PAST-PRESIDENTS	<u>365</u>	<u>140</u>	-	<u>505</u>
TOTAL	<u>2,565</u>	<u>1,204</u>	<u>93</u>	<u>3862</u>
<u>1 9 8 8</u>				
ACTIVE	2,370	656	-	3,026
ACTIVE/SPECIALISTS QUE		175	-	175
AFFILIATE	64	394	35	493
SUPPORTING DENTISTS	23	11	26	60
SUPPORTING NON-DENTISTS	6		3	9
STUDENT	<u>58</u>	<u>41</u>	<u>38</u>	<u>137</u>
SUB-TOTAL	<u>2,521</u>	<u>1,277</u>	<u>102</u>	<u>3,900</u>
LIFE, HONORARY & PAST-PRESIDENTS	<u>364</u>	<u>144</u>	-	<u>508</u>
TOTAL	<u>2,885</u>	<u>1,421</u>	<u>102</u>	<u>4,408</u>

PHH
CANADA INC.

P.O. Box 3010, Station A, Mississauga, Ontario L5A 3P7 (416) 270-8250

January 10, 1989

Mr. Joel Neal
Director of Administration
Canadian Dental Association
1815 Promenade Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Joel:

Please pardon my delay in confirming our telephone conversation of early December. As I stated then, it is with deep regret that we are forced to withdraw our Key Plan offering for the Canadian Dental Association. We had great hopes for this opportunity so this is a real disappointment for us.

As we discussed, the most critical factor affecting our final decision was an unfavourable reaction from the manufacturers with respect to retail activity through associations. Our own dealer relationships are vital to our primary business lines and thus serious opposition to a new venture could threaten not only the new leasing program but also PHH's overall business position.

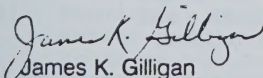
We appreciate the strong effort which you personally put forward to establish this program. Although only involved since September, I enjoyed working with you and was especially disappointed with the turn of events.

Thank you again for your effort and interest in PHH. We regret having to part ways but hope that future activities may again bring us together.

Best wishes for the new year.

Sincerely yours,

PHH FLEET MANAGEMENT



James K. Gilligan
Manager, Business/Product Development

JKG*jao-jg1220

NOMINATIONS, AWARDS AND TRUSTS

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Ron J. Markey, Chairman, Vancouver
Dr. Bradley W. Holmes, Kenora
Dr. John R. Robertson, Summerside

Executive
Liaison: Dr. Ron J. Markey

Coordinator: Sandra Deziel

Committee Meetings

Council has not met since its report to the 1988 Annual Meeting; business was conducted by correspondence and telephone.

ITEMS REQUIRING BOARD ACTION

Vice President

APPENDIX I

- 1) Solicitation for nominations for the Vice-President was conducted in accordance with the by-laws and terms of reference of the Committee. The Call for Nominations is appended.
- 2) Election is to be held during the Interim Meeting of the Board of Governors in Ottawa, March 31 - April 1, 1989.
- 3) If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

APPENDIX II

4) RESOLVED:

89.19 THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The following report is a brief analysis together with some suggestions to help make our nomination and awards process operate more smoothly. The nomination process, where applicable, must ensure that the best possible talent is available when a vacancy exists. CDA should try and avoid having to scramble for nominations to fill any position or to receive any of our awards.

The following are general suggestions:

- 1) Committees and Councils should adhere to the number of terms stipulated in their terms of reference. Each Chairperson should submit the make-up of his/her Committee with the annual report to the Board of Governors. This means that every Council/Committee will submit an annual report, even if that report says that there has been no activity. The status of each Council/Committee member should be stated in the report. This summary of membership status, including renewals of appointments and re-elections should be reported annually to Executive Council. The Committee on Nominations Report, would summarize the above status as an appendix to its own report. This would provide concise information to the Board on an annual basis.
- 2) Incumbents in positions on Councils that will become committees should continue in their terms and not commence new terms.

APPENDIX III

- 3) The date of submission of nominees for Honorary Membership and the Distinguished Service Award should be encouraged by January 31 of any year. This does not preclude the Committee itself or Executive Council from considering additional nominees anytime prior to the Pre-Board Executive meeting normally held in June.
- 4) Provincial corporate bodies should be encouraged to take the awards process more seriously. The distribution of awards to those who have made a contribution to the profession and deserve recognition, is viewed very positively by the membership. The way an organization honours its own members says a lot about the character and loyalty of that organization.

- 5) The above point leads to my next recommendation. We have some catching up to do. We are often preoccupied during debate of this subject by the propriety of early recognition of a member who is currently active, or perhaps by the thought that a "smaller" award is in some way demeaning, and we should therefore wait for the "big pay day". Sometimes this has merit. Often, however, it is a reflection of our own ineptness in recognizing levels of achievement earlier in an individual's career, when a specific award may have been appropriate and well deserved. In addition, we should lose the notion that our higher awards should be reserved for people who are up and out of the system. When it is apparent that an award is merited, why not give it to an individual while he/she has the opportunity to be recognized and congratulated by their peers. It is indeed unfortunate to see so many awards given to outstanding people while the room is emptying after a prolonged lunch or dinner. I have seen this happen more than once, and it is very sad. It can be overcome by insisting that the presentation of an award has priority at a special function. But more importantly, by having awards presented whenever possible to those who are still in the dental mainstream "or at least not too far out of it".
- 6) The Committee on Nominations, Awards and Trusts should itself deliberate more thoroughly in the areas it is mandated to address. Thorough curriculum vitae should be submitted with any nomination. The Committee should become more active. In addition to conference calls, a meeting should be held at least once per year with the Executive Director in attendance whenever possible. Hopefully, this would lend more continuity to discussions of the nominations and awards process. This meeting would also be helpful in allowing an orderly discussion of the award and elective nominations that are received and should be held at the close of the nominations deadline and before the Pre-Board Executive Meeting. Such a meeting would provide an opportunity to act more aggressively in those areas that may be inadvertently neglected, as well as serving as a filter prior to consideration of any particularly contentious appointment. Although it is not within its current mandate, the President and Executive Council might like to have the Committee evaluate the Executive Council Committees and Ad Hoc appointments on a regular basis to make sure the President and Executive Council have available names for consideration when necessary.

- 7) Executive Liaisons should ensure that all Terms of Reference for all councils and committees are cleaned up and that the make-up of councils and committees is satisfactory for the tasks at hand.

The following is a list of each Council, Committee of the Board and Committee of Executive Council, together with some recommendations. Where no change is suggested, it is due either to the nature of the council or committee, or the fact that significant change may already be underway.

COUNCILS

1. Executive Council - no change
2. Council on Constitution and By-Laws - no change
3. Council on Education and Accreditation - no change
4. Council on Insurance and Investment - no change

COMMITTEES OF THE BOARD

5. Committee on Ethics

If this Committee is to be more active, we should decide whether the Committee on Nominations should seek nominations for corresponding members from those provinces that have no elective positions on the committee.

6. Committee on Hospital and Institutional Services and Committee on Health Care

Defer discussion until recommendations are received regarding the possible merging of these Committees. In addition to the membership on the new committee, there should also be an organized list of corresponding members as per item 7.

7. Committee on Information Services

Consider institution of a system of corresponding members.

8. Committee on Student Affairs - no change

COMMITTEES OF EXECUTIVE

9. Committee on Nominations, Awards and Trusts

The changes recommended in this report apply to the working of the committee, not the make-up. We should not always assume, however, that the Committee should be completely made up of past-presidents. The Terms of Reference were amended to allow a more diversified composition. Executive should discuss the selection process for this committee.

10. Committee on Dental Materials and Devices - no change

11. Membership Committee - no change

However consider the institution of a system of corresponding members.

12. Council on Consumer Products Recognition - no change

13. Dental Specialties Committee - no change other than to insure adequate notice to those specialties where new nominees are required.

14. Government Relations Committee

To be reviewed by Management following the Annual Board in August 1989.

15. Publications Committee - no change

16. Committee on Salaried Dentists

Suggest disband and introduce on an Ad Hoc basis in the future for specific tasks.

Executive Council refers the matter to Roles and Responsibilities recommending that it become an Ad Hoc Committee of Executive Council.

17. Taxation Committee - no change

18. Third Party Dental Plans Committee - no change (this committee is a model in the use of the corresponding member system)

19. Convention - no change

20. Management - no change

The main changes recommended for discussion pertain to the institution of a more formal corresponding member system for some committees. We must continue to recognize the special expertise required in the number of areas. Where the academic community is involved (e.g. Education and Accreditation, Dental Materials and Devices, Consumer Products Recognition) the renewal process is more easily adhered to. Other special areas, such as Taxation, Government Relations, Publications and Third Party present a different problem and Management and Executive must decide on an annual basis how much change is either necessary or desirable. The Committee on Nominations can attempt to seek out nominations, or make suggestions as called on to do so by Management, Executive or any Committee Chairman. However, the more sensitive areas will always present the most difficult problems. In general, it is recommended that we continue to guard against the temptation not to renew or make changes on a reasonable and regular basis. Old solutions are always easy, but they are not always the best.

Respectfully submitted,

Ron J. Markey, Chairman
Committee on Nominations,
Awards and Trusts

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Nominations, Awards and Trusts with appreciation.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMORANDUM

November 2, 1988

TO: Chairman and Members - Board of Governors
Presidents and CEO's - Corporate Members
CDA Council/Committee Chairpersons
Presidents and Secretaries of Specialty Sections

FROM: Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards and Trusts

SUBJECT: CDA Vice-President - Call for Nominations

At the 1988 Interim Meeting of the CDA Board of Governors, a change in the structure of the CDA Management Committee was approved which requires that a Vice-President be elected at the 1989 Interim Meeting. By-Law amendments to effect this change were presented and approved at the 1988 Annual Meeting.

Eligibility

Article XI - Officers and Officials - Section I - Elective Officers of the Association, states as follows:

"The elective officers of the Association shall be the President, the President-Elect, and the Vice-President. Only active members of the Association who are in good standing and are voting members of the Board of Governors shall be eligible to serve as elective officers".

Term

The Vice-President elected at the 1989 Interim Meeting will serve in this capacity until the 1989 Annual Meeting, at which time he will assume the office of President-Elect.

Nomination Procedure

The following are entitled to make nominations:

- Members of the CDA Board of Governors
- CDA Council/Committee Chairmen
- Presidents or Secretaries of Corporate Members
- Presidents or Secretaries of Specialty Sections

- 2 -

All nominations must be accompanied by:

- a) Written consent of the nominee
- b) A conflict of interest statement completed by the nominee

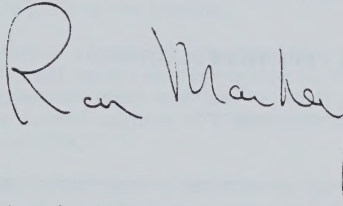
Failure to comply with these two requirements will nullify nominations.

Nominations should be accompanied by a brief biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (The sample is included for your information).

Please forward your nomination, written consent of the nominee, and a brief biographical sketch of nominees to:

Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Deadline: January 2, 1989

A handwritten signature in dark ink, appearing to read "Ron Markey". The signature is fluid and cursive, with the first name "Ron" being more prominent than the last name "Markey".

Attachments

c.c.: Mr. Jardine Neilson, Executive Director
Members - Committee on Nominations, Awards and Trusts

/msg

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

Nomination for: Vice-President

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name _____

Candidate's Address _____

Postal Code _____

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator _____

Office/Position _____

Signature _____

***NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION 1 OF THE CONSTITUTION, THE FOLLOWING APPLIES:

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.

ARTICLE XXI SECTION 1 OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- (a) I have no known possible potential conflict of interest _____
- (b) I have a possible conflict of interest _____
if (b) please explain potential conflict on the reverse
of this form.

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Student _____ Membership in the CDA

Membership in _____ (Corporate Member)

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

SIGNATURE OF NOMINEE _____

- (g) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

SAMPLE

BIOGRAPHICAL INFORMATION

NAME: John Doe Dentist

ADDRESS: 123 Molar Street, Toronto, Ontario

DATE AND PLACE OF BIRTH: June 24, 1943, London, Ontario

POSITION/PRACTISE: Private Practice: Specialty limited to Orthodontics

EDUCATION: High School(s) and University(ies)
Hamilton High
University of Western Ontario
University of Toronto - Post Graduate Studies
(Orthodontics)

DEGREES: (with dates)
D.D.S. (Western Ontario 1967)
Diploma in Orthodontics - (Toronto, 1972)

EXPERIENCE: Including previous appointments, Military Service,
Publications, Research Projects, etc.

General Practice - 1967-1970 - Hamilton
Specialty Practice - Orthodontics, 1970-1986 -
Toronto
Past-President - Toronto Dental Society 1980-82
Board Member ODA - 1981-86
Chairman, Economics Committee - CDA
Member Council Education, CDA 1985 Published 3
papers
Contribution to Text Book, "Ortho in '80's"

ORGANIZATIONS: Association or Club Membership

Ontario Dental Association
Canadian Dental Association
Toronto Orthodontic Club
American Academy Orthodontics
Alpha Beta Gamma
F.I.C.D.
F.R.C.D. (C)
F.A.R.E.

OTHER: 1973-1979: Part-time demonstrator - Ortho -
University of Toronto
1979-1986: Part-time lecturer - Ortho - University
of Toronto

AWARDS: Military, Academic, etc.

SAMPLE

BIOGRAPHICAL INFORMATION

NAME:

ADDRESS:

DATE AND PLACE OF BIRTH:

POSTION/PRACTISE:

EDUCATION:

DEGREES:

EXPERIENCE:

ORGANIZATIONS:

OTHER:

AWARDS:



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

NOTE DE SERVICE

le 2 novembre 1988

- AUX:** Président et membres du Bureau des gouverneurs
Présidents et directeurs généraux des
organisations membres
Présidents des conseils et comités de l'ADC
Présidents et secrétaires des sections spécialisées
- DE:** Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et
des fondations
- OBJET:** Appel de candidatures à la vice-présidence de l'ADC
-

A son assemblée provisoire de 1988, le Bureau des gouverneurs de l'ADC a apporté à l'organisation du Comité de gestion une modification qui prévoit l'élection d'un vice-président lors de l'assemblée provisoire de 1989. Les règlements ont été modifiés en conséquence à l'assemblée annuelle de 1988.

Eligibilité

A l'article XI, Dirigeants élus de l'Association, le premier paragraphe stipule ce qui suit:

"Les dirigeants élus de l'Association sont le président, le président désigné et le vice-président. Seuls les membres actifs de l'Association qui sont en règle et qui sont membres votants du Bureau des gouverneurs sont éligibles à ces postes électifs."

Mandat

Le vice-président qui sera élu à l'assemblée provisoire de 1989 siégera ainsi jusqu'à l'assemblée annuelle de 1989 pour ensuite assumer le poste de président élu.

Candidatures

Les personnes suivantes peuvent soumettre des candidatures:

- les membres du Bureau des gouverneurs,
- les présidents des conseils et comités de l'ADC,
- les présidents ou secrétaires des organisations membres,
- les présidents ou secrétaires des sections spécialisées.

Les candidatures doivent s'accompagner des documents suivants:

- consentement par écrit du candidat ou de la candidate,
- déclaration signée par le candidat ou la candidate concernant les conflits d'intérêt.

Tout manquement à l'une ou l'autre de ces exigences annulera la candidature.

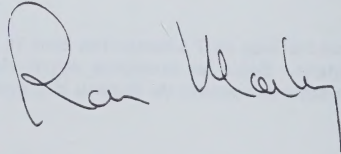
Il faut joindre au formulaire de mise en candidature une notice biographique de la personne ainsi mise en nomination. On se servira du formulaire et la présentation se limitera à une page (voir exemple ci-joint).

Prière d'envoyer les candidatures, le consentement et les notices biographiques à l'adresse suivante:

Dr. Ron J. Markey
Comité des candidatures, des distinctions et des fondations
l'Association dentaire canadienne
1815, promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6

Date limite: le 2 janvier 1989

Pièces jointes



c.c.: M. Jardine Neilson, directeur général
Membres du Comité des candidatures, des
distinctions et des fondations

/msg

Association dentaire canadienne
Mise en candidature

Veillez ne présenter qu'une candidature par formulaire. Tout candidat doit être éligible au poste indiqué (voir le règlement concernant les conflits d'intérêt au verso du formulaire, ainsi que les conditions régionales ou autres de mise en candidature sur la note ci-jointe).

Nomination au poste de : vice-président

VEUILLEZ DACTYLOGRAPHIER OU ÉCRIRE EN LETTRES MOULÉES.

Nom du candidat _____

Adresse du candidat _____

code postal _____

Conformément aux dispositions des Statuts et règlements concernant la représentation régionale ou autre et étant moi-même autorisé à présenter des candidatures, je propose la mise en candidature de la personne

VEUILLEZ DACTYLOGRAPHIER OU ÉCRIRE EN LETTRES MOULÉES.

Présentateur _____ Poste _____

Signature _____

NOTA : Veuillez informer l'organisation provinciale à laquelle le candidat appartient en lui indiquant le nom de ce dernier ainsi que le poste à combler.

SELON LE PREMIER PARAGRAPHE DE L'ARTICLE XXI, LES DISPOSITIONS SUIVANTES S'APPLIQUENT.

- a) Les membres du Bureau des gouverneurs doivent déclarer tous les intérêts qu'il détiennent directement ou indirectement dans une entreprise qui fournit du matériel ou des services à la profession, quelle qu'en soit la nature, ainsi que tout intérêt se rapportant à un contrat ou à une transaction concernant la fourniture dudit matériel ou la prestation desdits services. Le cas échéant, ils doivent s'abstenir de participer à la discussion et au vote concernant ledit contrat ou ladite transaction.
- b) Lorsqu'il a fait la déclaration prévue ci-dessus et s'est abstenu de participer au vote concernant le contrat ou la transaction en question et s'il a agi en toute honnêteté et bonne foi, un gouverneur n'a pas à répondre devant l'Association des gains ou des profits qu'il peut avoir réalisés, et ledit contrat ou ladite transaction n'est pas annulé.
- c) Les dispositions ci-dessus s'appliquent systématiquement aux membres des divers conseils et comités de l'Association, y compris le Conseil exécutif. Pour que leur déclaration soit valable, les gouverneurs et les membres des conseils et comités doivent la présenter par écrit non seulement à leur conseil ou comité respectif, mais également au Bureau des gouverneurs.
- d) Tout candidat pouvant être élu ou nommé à un conseil ou à un comité de l'Association, y compris le Conseil exécutif, doit déclarer, dès sa mise en candidature, sur le formulaire à cet effet, toute possibilité de conflit d'intérêt, et le Bureau des gouverneurs doit en être informé avant la tenue des élections.
- e) Le fait d'être fiduciaire d'un régime d'assurance ou de placements administré par l'Association ou de représenter celle-ci au conseil d'administration du Canadian Dental Service Plans Incorporated ne constitue pas un conflit d'intérêt pour les membres du Conseil exécutif ou ceux qui y sont candidats.
- f) Il y a possibilité de conflit d'intérêt lorsqu'un membre du Bureau des gouverneurs, des conseils ou des comités de l'Association a accès secrètement à de l'information confidentielle dont il pourrait tirer avantage pour lui-même ou pour l'organisation à laquelle il est associé. Le cas échéant, le membre en question doit promettre de respecter la caractère confidentiel de l'information.

LE PREMIER PARAGRAPHE DE L'ARTICLE XXI CONCERNANT LES POSSIBILITÉS DE CONFLIT D'INTÉRÊT PARAÎT AU VERSO DU FORMULAIRE DE MISE EN CANDIDATURE.

LA PERSONNE DONT LA CANDIDATURE EST PROPOSÉE APPOSERA SES INITIALES À L'UN DES ÉNONCÉS SUIVANTS :

- a) Je ne me connais pas de possibilités de conflit d'intérêt. _____
- b) J'ai des possibilités de conflit d'intérêt _____
 Si vous avez apposé vos initiales à l'énoncé b), veuillez donner les explications appropriées au verso du présent formulaire.

J'autorise ma mise en candidature et j'en ai la qualité en tant que membre actif _____, affilié _____ ou étudiant _____ de l'ADC.

Je suis aussi membre de _____ (organisation membre).

NOM DE L'ORGANISATION RECOMMANDANT LA CANDIDATURE

SIGNATURE DU CANDIDAT _____

- g) La décision du Bureau des gouverneurs sur toute question concernant le conflit d'intérêt est sans appel.

VEUILLEZ INDIQUER CI-DESSOUS TOUTE POSSIBILITÉ DE CONFLIT D'INTÉRÊT.

SAMPLE

BIOGRAPHICAL INFORMATION

NAME: John Doe Dentist

ADDRESS: 123 Molar Street, Toronto, Ontario

DATE AND PLACE OF BIRTH: June 24, 1943, London, Ontario

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University of Toronto - Post Graduate Studies
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DEGREES: (with dates)
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Toronto
Past-President - Toronto Dental Society 1980-82
Board Member ODA - 1981-86
Chairman, Economics Committee - CDA
Member Council Education, CDA 1985 Published 3
papers
Contribution to Text Book, "Ortho in '80's"

ORGANIZATIONS: Association or Club Membership

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Canadian Dental Association
Toronto Orthodontic Club
American Academy Orthodontics
Alpha Beta Gamma
F.I.C.D;
F.R.C.D. (C)
F.A.R.E.

OTHER: 1973-1979: Part-time demonstrator - Ortho -
University of Toronto
1979-1986: Part-time lecturer - Ortho - University
of Toronto

AWARDS: Military, Academic, etc.

NOTICE BIOGRAPHIQUE

NOM :

ADRESSE :

DATE ET LIEU DE NAISSANCE :

POSTE OU CABINET :

ÉTUDES :

DIPLÔMES :

EXPÉRIENCE :

ORGANISATIONS :

AUTRES RENSEIGNEMENTS :

PRIX ET DISTINCTIONS :

NOMINATIONS - CDA ELECTIVE OFFICERS - 1989 INTERIM MEETING

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES/ AFFILIATIONS
Vice-President New position	Annual Election	Members of the Board of Governors	Until 1989 Annual Meeting	Dr. Gilles Dubé

NOTICE BIOGRAPHIQUE

NOM: Gilles Dubé

ADRESSE: 125, Boulevard de la Providence
Lachute (Québec)
J8H 3L4

**DATE ET LIEU DE
NAISSANCE:** le 4 août 1952, Val D'Or, Québec

POSTE OU CABINET: Pratique Privée

ETUDES:

- Diplôme d'études collégiales en Sciences de la Santé au Cégep Edouard Montpetit
- Université de Montréal, Faculté de Médecine Dentaire
- Université de Montréal, Faculté de Médecine Département d'administration de la Santé

DIPLOMES:

- Diplôme d'études collégiales en sciences de la Santé, D.E.C. (Edouard Montpetit 72).
- Doctorat en Médecine Dentaire, D.M.D. (Université de Montréal 1977)
- Maîtrise en Administration de la Santé Msc ADM SANTE, (Université de Montréal 1988)

EXPERIENCE:

- Pratique privée Laval (1977-1985) Lachute depuis 1985
- Représentant étudiant de l'Université de Montréal à la conférence des Etudiants de l'ADC à Halifax 1974
- Membre du conseil d'administration de l'Association des chirurgiens-dentistes du Québec (ACDQ) représentant la région des Laurentides (1980-...)
- Membre du comité exécutif de l'ACDQ (1982-1986)
- Directeur du comité ad hoc Système gouvernemental de soins préventifs (1984-1986)
- Membre du comité de Nomination de l'ACDQ (1986-...)
- Président de la Société Dentaire des Laurentides (1980-1981)
- Membre du bureau des Gouverneurs de l'Association Dentaire Canadienne (1986-...)
- Membre du comité exécutif de l'Association Dentaire Canadienne (1986-...)

ORGANISATION: Association des Chirurgiens-Dentistes du Québec
Ordre des Dentistes du Québec
Association Dentaire Canadienne
Fédération Dentaire Internationale
Collège Canadien des Directeurs de Services de Santé

**AUTRES
RENSEIGNEMENTS:** Conférencier invité au département d'Administration de la Santé de la Faculté de Médecine de l'Université de Montréal

PERSONNEL: Marié 1974
Epouse: Lucette
Enfants: Geneviève 12 ans - Marie-Hélène 10 ans



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMORANDUM

November 25, 1988

TO: Presidents & Chief Executive Officers -
Corporate Members
Presidents, Specialty Sections
Executive Council

FROM: Ron J. Markey, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: Nomination for Distinguished Service Award - Canadian
Dental Association

On behalf of the Executive Council, we are requesting nominations from each corporate body and specialty section for the Distinguished Service Award.

The Distinguished Service Award is defined below:

The Distinguished Service Award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level.

Each corporate member and specialty section is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Vancouver, August 25-26, 1989. As you are aware, the Distinguished Service Award is designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than January 31, 1989. If the approval mechanism within your organization does not allow for a decision by this date, please notify Sandra Deziel, at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.

c.c.: Members, Committee on Nominations, Awards & Trusts
CDA Executive Director

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

NOTE DE SERVICE

le 25 novembre 1988

AUX: Présidents et directeurs généraux -
Corporations membres
Présidents des sections spécialisées
Conseil exécutif

DE: Ron J. Markey, Président
Comité des candidatures, des distinctions et des fondations

OBJET: Candidature à la distinction pour services émérites de
l'Association dentaire canadienne

Au nom du Conseil exécutif, nous aimerions, par la présente, demander à chaque corporation membre et toutes les sections spécialisées de nous faire parvenir leurs candidatures à la Distinction pour services émérites.

Cette distinction se définit ainsi:

La Distinction pour services émérites peut être décernée à un dentiste ou à une autre personne en reconnaissance d'une contribution remarquable au cours d'une année en particulier ou de services remarquables s'échelonnant sur un certain nombre d'année, que ce soit au niveau de la profession dentaire en général, d'une spécialité, d'un conseil ou d'un comité.

Les organisations membres et les sections spécialisées sont priées de ne présenter qu'une seule candidature chacune et d'accompagner celle-ci d'un curriculum vitae détaillé de la personne qu'elles présentent.

Nous prévoyons distribuer les distinctions à l'assemblée annuelle du Bureau des gouverneurs qui aura lieu à Vancouver, les 25 et 26 août 1989. Comme vous le savez sans doute, c'est le Conseil exécutif qui choisit le ou la récipiendaire. Nous vous prions donc de nous faire parvenir vos propositions avant le 31 janvier 1989. Si cette date limite ne permet suffisamment de temps à votre organisme de nous faire parvenir la candidature, vous êtes prié d'en avertir Sandra Deziel aux bureaux de l'ADC afin d'obtenir une prolongation.

Merci de votre collaboration.

c.c.: Membres, Comité des candidatures, des distinctions et des fondations
Directeur général de l'ADC

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

MEMORANDUM

November 25, 1988

TO: Presidents & Chief Executive Officers -
Corporate Members
Executive Council

FROM: Ron J. Markey, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: Nomination for Honorary Membership in the Canadian
Dental Association

On behalf of the Executive Council, we are requesting nominations from Corporate Bodies for Honorary Membership in the Canadian Dental Association.

The position of Honorary membership in the CDA is defined as follows:

Honorary Membership is the highest award of the Association. Its purpose is to recognize the individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. This award may be for service that is provincial, national or international in nature. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above.

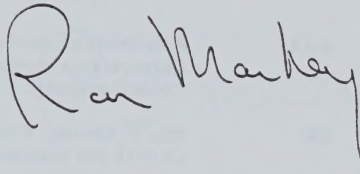
Each corporate member is requested to submit no more than one nomination for the position and this submission must be accompanied by a detailed curriculum vitae of the individual being named.

Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will more than one or two awards be conferred in any one year. As this is an annual review of candidates, we remind you that any previously submitted names may be resubmitted with the appropriate accompanying data.

.../2

It is intended that the awards will be bestowed at the Annual Meeting of the CDA Board of Governors in Vancouver, August 25-26, 1989. As you are aware, the Honorary Memberships are designated by the Executive Council and it would be appreciated, therefore, if you would submit your recommendation no later than January 31, 1989. If the approval mechanism within your organization does not allow for a decision by this date, please notify Sandra Deziel, at the CDA office and an extension to the deadline will be arranged.

Your cooperation is appreciated.

A handwritten signature in black ink, appearing to read "R. Markey". The signature is fluid and cursive, with the first letter "R" being large and prominent. The name "Markey" follows in a similar cursive style.

c.c.: Members, Committee on Nominations, Awards & Trusts
CDA Executive Director

/sfb



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

NOTE DE SERVICE

le 25 novembre 1988

- AUX:** Présidents et directeurs généraux -
Corporations membres
Conseil exécutif
- DE:** Ron J. Markey, Président
Comité des candidatures, des distinctions et des fondations
- OBJET:** La désignation des membres honoraires de l'Association dentaire canadienne

Au nom du Conseil exécutif, nous aimerions, par la présente, demander à chaque corporation membre de désigner des personnes pour le titre de membre honoraire de l'Association dentaire canadienne.

Le titre de membre honoraire de l'ADC est défini ainsi:

Il s'agit de la plus haute récompense accordée par l'Association. Elle peut être conférée aux personnes qui ont rendu des services exceptionnels dans une discipline dentaire ou à la profession, que ce soit sur la scène provinciale, nationale ou sur la scène internationale. Il est à noter que cette désignation n'est pas automatique suite à un nombre d'année de service ou de pratique ou une combinaison des deux.

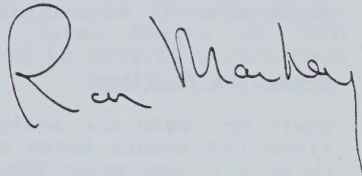
Chaque corporation membre est priée de proposer le nom d'une seule personne pour le titre et d'accompagner la proposition d'un curriculum vitae complet de la personne en question.

A cause du caractère distinctif de la récompense, le titre n'est jamais conféré à plus d'une personne ou deux personnes par année, à moins de circonstances tout à fait exceptionnelles. Par ailleurs, étant donné que ce procédé est renouvelé à chaque année, nous vous rappelons que les noms déjà proposées dans le passé peuvent être à nouveau proposés. Il suffit de joindre la documentation requise à chaque proposition.

.../2

Nous prévoyons distribuer les récompenses à l'assemblée annuelle du Bureau des gouverneurs qui aura lieu à Vancouver, les 25 et 26 août 1989. Comme vous le savez sans doute, les membres honoraires sont désignés par le Conseil exécutif. Nous vous prions donc de nous faire parvenir vos propositions avant le 31 janvier 1989. Si cette date limite ne permet suffisamment de temps à votre organisme de nous faire parvenir la candidature, vous êtes prié d'en avertir Sandra Deziel aux bureaux de l'ADC afin d'obtenir une prolongation.

Merci de votre collaboration.

A handwritten signature in dark ink, reading "Ron Mackay". The signature is written in a cursive, flowing style. The first name "Ron" is written with a large, open 'R', and the last name "Mackay" follows in a similar cursive script.

c.c.: Membres, Comité des candidatures, des distinctions et des fondations

/sfb

PUBLICATIONS COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. John Hardie, Chairman, Ottawa
Dr. Pierre Desautels, Montréal
Dr. Jack Stockton, Winnipeg
Mr. Jardine Neilson, Ottawa

Executive
Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Miss Linda Teteruck, Ottawa

1. Committee Meetings

There has been one meeting of the Publications Committee since the Annual Board of Governors Meeting. It was held on Friday, September 30th, 1988.

ITEMS REQUIRING BOARD ACTION

2. Consulting Editors

RESOLVED:

Appendix I

89.20 THAT the Terms of Reference for
Consulting Editors be approved.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. New Members

Dr. Jack Stockton has replaced Dr. P. Ralph Crawford as a committee member. Dr. Bryun Sigfstead is the new Executive Council Liaison while Dr. Pierre Desautels has agreed to serve an additional three years as a committee member.

4. Specialty Editors

The Board-approved Terms of Reference for Specialty Editors have been forwarded to the Committee on Dental Specialties for assistance in obtaining new contributors.

5. Instructions for Editors

Updated Instructions for Editors have been approved and will be published twice per year.

6. Library Activities

Library fees are now in effect. A letter has been forwarded to Neighbourhood Dental Services outlining CDA's position regarding the use of the library by members and non-members. James Feeley of IDON Corporation has been selected to develop a long-term plan for the library.

7. Information Services

A new policy is being sought regarding the use of CDA copyright material. The Chairman of the Publications Committee will discuss with appropriate CDA staff the justification for and practicality of resurrecting the Communiqué. This will be presented as a report to the next Publications Committee Meeting.

8. Scientific Articles

The Scientific Editors continue to be pleased with the number and quality of articles submitted for review.

9. Student Affairs

A student editor has been appointed and is prepared to start a regular student column.

10. Advertising

Keith Health Care Communications of Toronto has been contracted as advertising sale representatives. A disclaimer regarding advertisements will appear on the Journal masthead beginning in February 1989.

11. Editor's Report

Dr. Crawford received favourable reports on the Journal during the 1988 CDA Convention. A readership survey, desktop publishing, and a new printing proposal are items for implementation and/or consideration in 1989. Dr. Crawford restated the concept that if all pages in the Journal used for CDA purposes such as Conventions, Council Reports, Continuing Education and the Dental Awareness Program were charged back to the appropriate departments, the Journal's financial health would be much improved.

Respectfully submitted,

J. Hardie, B.D.S., M.Sc., F.R.C.D.(C.)
Chairman
Publications Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Publications Committee with appreciation.

APPENDIX I

TERMS OF REFERENCE FOR CONSULTING EDITORS

JOURNAL OF THE CANADIAN DENTAL ASSOCIATION

Preamble: The continuing education of its readers is a major objective of the Journal of the Canadian Dental Association. To achieve this goal, the Publications Committee utilizes the services of a team of consulting editors whose collective knowledge, experience and energy will enhance the content of the Journal.

Terms: Consulting Editors shall:

- (i) If dentists, be members of good standing of the Canadian Dental Association.
- (ii) If non-dentists, be members in good standing of affiliated national professional organizations, or any other group, professional or otherwise, which the Publications Committee may wish to recognize.
- (iii) Be appointed by the President of the Canadian Dental Association (on recommendation of the Editor) to a one year term, renewable once.
- (iv) Be encouraged to submit articles, news items and general interest comments pertaining to their particular field of expertise.
- (v) When requested, act in the capacity of referees and/or advisors for scientific articles, texts, book reviews, etc.
- (vi) Be expected to offer the name of a suitable successor.

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members:

Mr. Ashoka Subedar, Chairman,
University of Manitoba
Miss Linda Wiltshire, McGill U.
Mr. Eric Trudel, U. de Montreal
Mr. Kevin Walsh, Dalhousie U.
Mr. Keven Hockley, U. of Western Ontario
Mr. Joe Lizotte, U. of Alberta
Miss Jocelyn Pearce, U. of Toronto
Mr. Richard Kananowicz, U. of Manitoba
Mr. Don MacRae, U. of Saskatchewan
Mr. Jean-Francois Masse, U. Laval
Mr. John Armstrong, U. of British Columbia
Mr. Scott MacLean, Governor, U. of Alberta
Dr. Madelaine Schildkraut, Past Chairman,
Montreal, Quebec
Dr. Doug Lovely, Past Governor,
Vancouver, B.C.

Executive

Liaison:

Dr. Bryun Sigfstead, Edmonton, Alberta

Coordinator:

Miss Linda Teteruck

1. Committee Meetings

Committee has met once since the last Board meeting, on August 27, 1988, in Edmonton, immediately following the 1988 Canadian Dental Students' Conference.

ITEMS REQUIRING BOARD ACTION

2. Student Membership

Maintaining membership of new graduates remains a concern with CDA. It is felt that low membership in this group is due primarily to financial strains experienced during the first year after graduation, when new dentists are setting up their practices.

It is felt that a system whereby new grads can pay off their first post grad year membership fees in monthly instalments, would encourage new graduates to maintain their membership in CDA.

RESOLVED:

- 89.21 THAT the Committee on Student Affairs encourage the Membership Committee of the CDA to establish a policy for payment of fees on a monthly basis for new graduates during their first year of practice.

The Board of Governors receives the motion as information and refers the matter to the Membership Committee.

It was also felt that new graduates should receive a special information pamphlet, directed specifically to new grads, from CDA, outlining membership benefits. This would be a timely delivery of information, when new dentists begin making decisions on their various affiliations.

RESOLVED:

- 89.22 THAT the Committee on Student Affairs encourage the Membership Committee of the CDA to prepare an information pamphlet for new graduates outlining the benefits of CDA membership.

The Board of Governors receives the motion as information and refers the matter to the Membership Committee.

3. Capitation/Alternate Delivery Systems

Committee is appreciative of the opportunity to obtain information on Capitation, first hand, through a presentation at last year's Student Conference. Members feel strongly it is their duty to encourage other students to seek information on alternate delivery systems. The CSA firmly supports CDA's position in this area.

RESOLVED:

- 89.23 THAT the Committee on Student Affairs supports the position of the CDA in studying emerging payment systems (capitation) and requests Committee be kept informed of activities in this area.

The Board of Governors thanks the Committee on Student Affairs for their support and interest.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION4. CSA Editorship

Committee reviewed the Board's directive regarding the position of Student Editor. It was decided that the duties of Committee Chairman will be expanded to incorporate the role of CSA Editor. The appropriate amendment has been made to the relevant section of the Student Representative Manual. It was also decided that the Student Editor liaise with the Editor of the CDA Journal to establish initial guidelines for the student column.

5. CFDE

Promotion of the CFDE at the student level has been a priority with the Committee on Student Affairs. The CSA feels it is important that all students develop an appreciation of the role CFDE plays in organized dentistry.

6. NDEB

Recognition of the NDEB certificate of portability in the province of Quebec is strongly supported by the Committee on Student Affairs. Realizing that this situation will not be rectified immediately, Committee feels that it is important that this issue be pursued through the NDEB and CDA.

7. Student Involvement with the ACFD and CDA Council on Education and Accreditation

At the June 1988 meeting of the ACFD and CDA Council on Education and Accreditation, the Committee on Student Affairs was given the opportunity to present a position paper on issues of importance and concern to dental students. This report, which was compiled from individual surveys carried out by the Student Representatives, addressed issues such as stress in dental school, prelicensure, and teacher/instructor training.

In an effort to help both the CDA and ACFD in the advancement of dental education, Committee proposes to again address these three main issues with their peers, and report back in the spring. Other areas of concern which come to light during discussions at the school, will also be incorporated in the next report.

Committee would also like to follow up on the recent ACFD Stress Survey, carried out at the schools, and will ask that this survey be repeated on a three-year cycle to determine the outcome of program changes related to the management of student stress problems.

8. CDSC'89

Committee is pleased to announce that this year's fall Student Conference will be held in Vancouver, following the CDA Convention. The theme for this Conference is currently under discussion, and will be decided at Committee's spring meeting.

9. Membership Figures

At the time of writing this report, final membership figures for 1988-89 have not been tallied, although the high membership figures previously held, will no doubt be maintained. The status of student membership will be presented at the Board meeting.

SUMMARY

On behalf of the Committee on Student Affairs, I would like to express appreciation for the guidance and support of our Executive Liaison, Dr. Bryun Sigfstead.

I would also like to express the appreciation of the Committee on Student Affairs, on behalf of all Canadian dental students, to the CDA for its ongoing support and encouragement.

Respectfully submitted,

Mr. Ashoka Subedar, Chairman
Committee on Student Affairs

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Student Affairs with appreciation.

TAXATION COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Robert N. Hicks, Chairman - Vancouver
Dr. Jack Gryfe, Weston
Dr. Elizabeth MacSween, Rockcliffe

Executive
Liaison: Dr. Bernard Dolansky, Ottawa

Coordinator: Mrs. Sandra Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Federal Sales Tax Reform

APPENDIX I

During the October/November 1988 Federal election campaign, the issue of a possible Federal Sales Tax on Dental Services was raised. Many Canadian dentists contacted candidates within their federal ridings to discuss this issue, following a letter suggesting such action from the CDA.

The Minister of Finance, the Honourable Michael Wilson, stated in an October 12, 1988 letter to the CDA that "we do not consider the preliminary proposal outlined in the White Paper to be satisfactory. It is not". The preliminary proposal referred to was a suggestion to apply a federal sales tax on all privately funded (including dental insurance coverage) dental services. The Minister's letter and the CDA President's letter are attached as Appendix II and III.

APPENDIX II & III

It is of some concern that the Department of Finance has not stated that all dental services will be exempt from taxation in the proposed Federal Sales Tax reform system. The Chairman of the Taxation Committee met with Mr. Brian Wurts from the Department of Finance on December 2, 1988 to gain additional information.

Mr. Wurts indicated that the Department may be looking towards applying federal sales tax to those dental services "requested" by the patient but not deemed "necessary" for good dental health (i.e. cosmetic dentistry). Following a discussion on the difficulty for the Department to audit such a classification of services, Mr. Wurts concluded that the Department would probably favour a more general approach to dental services that would result in all dental services being exempt from taxation.

The Committee will continue to monitor the approach to be taken by the Department of Finance with regard to taxation of dental services. We are confident that the major concern of taxation of all dental services has been eliminated. Discussions will continue with the Department of Finance regarding any interest they have in applying sales tax to "some" dental services. Mr. Wurts assured the Taxation Committee Chairman that CDA will be advised of the final recommendation of the Department, to the Minister of Finance, before such recommendation is forwarded.

As you can see, the Department of Finance has been most co-operative with CDA and will continue to discuss this issue until a final decision has been reached.

2. Customs Classification Of Ethyl Alcohol Utilized In Infection Control Procedures

A letter from a CDA member, expressed the concern that ethyl alcohol, used as a disinfectant, was eligible for customs duty when imported. The dentist was concerned that Revenue Canada was not appreciating the disinfectant characteristic of ethyl alcohol.

Following technical advice from Dr. John Hardie, (Chairman, Ad Hoc Committee on Infection Control), a letter was sent to Mr. P. McLester, Manager - Chemical, Plastics and Allied Products Tariff Programs requesting that:

"Ethyl alcohol, imported for utilization in the dental office be classified as a sterilizing solution".

Mr. McLester answered our request with his letter of November 29, 1988. "Provided the ethyl alcohol is imported in packings for retail sale as a disinfectant, it may be entered under tariff subheading 3808.40. If the package for sale is less than 1.36 Kg, the ethyl alcohol falls under classification 3808.40.10.00 with customs duty applicable at the rate of 7.5 per cent. If the alcohol is in packages exceeding 1.36 Kg, the alcohol is admissible free of customs duty under classification 3808.40.20.90". This ruling does not apply to products which may use ethyl alcohol as one of its active ingredients.

Isn't custom's classification and logic exciting and wonderful stuff!

3. CDA Taxation Seminars

The Taxation Committee is continuing to provide Taxation Seminars, during the year, in Western Canada, central Canada and Atlantic Canada. The purpose of these seminars is to provide taxation information as it applies to dentists. A tax accountant, a tax lawyer and the Taxation Committee Chairman present tax principles and examples as they apply to the practicing dentists and their families.

The latest seminar took place on October 21, 1988 in Montréal, Québec. There were 51 dentists/spouses present and the response from them at the end of the day was extremely positive. Dr. Gilles Dubé, CDA Executive Council Member and former Executive Liaison to the Taxation Committee co-chaired this Seminar. Ms. Diane Bale, tax accountant, Mr. Jacques Authier, tax accountant, and Mr. Jean-Pierre Colpron, tax lawyer, made excellent presentations. The lectures were delivered in English, while the questions were offered and answered in French or English. The preliminary statement is attached as Appendix IV to this report, for your information.

APPENDIX IV

The next Taxation Seminar is in Moncton, New Brunswick on Friday, January 20, 1989. Ms. Marilyn Hayre, tax accountant, Mr. Fred McElman, lawyer, and Mr. Leonard Hoyt, tax lawyer will be making the presentations together with the Chairman of this Committee.

A further Taxation Seminar is set for Winnipeg, Manitoba on Friday, June 2, 1989.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman
Taxation Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Taxation Committee with appreciation and thanks Dr. Robert Hicks for his work in the area of Federal Sales Tax Reform.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

October 1988

Dear Colleague:

RE: FEDERAL SALES TAX ON DENTAL SERVICES
AND
THE FEDERAL ELECTION - NOVEMBER 21, 1988

As you are aware, the 1987 Sales Tax Reform White Paper suggested that a 10% Federal Sales Tax be placed on all dental services that are paid for with private funds or dental plan insurance. Dental services funded by federal or provincial government would be exempt from this sales tax.

In the present federal election campaign, you and many other dentists will have an opportunity to meet and talk with candidates from all parties. It is important that you ask the following question of each candidate that you meet or have access to:

"ARE YOU AND YOUR PARTY IN FAVOUR OF PLACING A FEDERAL SALES TAX ON DENTAL SERVICES - AS SUGGESTED IN THE 1987 SALES TAX REFORM PROPOSAL?"

The Canadian Dental Association has been discussing this issue with the Department of Finance. The Department is aware that the CDA opposes this sales tax on dental services. The Department is showing some acceptance of our argument that medical and dental services should be treated equally under Sales Tax Reform. Such equality is not present in the 1987 White Paper Proposal.

Since over 90% of medical services are funded by government plans, these medical services are exempt from the proposed Federal Sales Tax. Since over 90% of dental services are paid for with private funds or dental plan insurance, they will be taxable.

Canadian dentists are also concerned that a 10% federal sales tax will limit access to dental services for many Canadians.

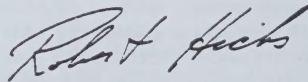
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The Department of Finance is continuing their discussions with the Canadian Dental Association. However, the Department is waiting for the results of the forthcoming election, so that the newly elected members who form the government can direct them to proceed or not to proceed with a Federal Sales Tax on dental services.

Please question all federal candidates on this issue. It would be very helpful if you reported, through a short note to the Taxation Committee at CDA Headquarters (1815 Alta Vista Drive, Ottawa, Ontario, K1G 3Y6), on any discussions you have with the candidates.

If further information is required, please telephone me at (604-922-0111).

Sincerely yours,

A handwritten signature in cursive script, reading "Robert Hicks".

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Octobre 1988

**Objet : La taxe de vente fédérale sur les soins dentaires
et les élections fédérales du 21 novembre 1988**

Chers collègues,

Comme vous le savez, le Livre blanc sur la réforme fiscale propose l'imposition d'une taxe de vente fédérale de 10 p. 100 sur tous les soins dentaires payés personnellement ou en vertu de régimes privés d'assurance-soins dentaires, exemptant ainsi de la taxe ceux qui sont assumés par les gouvernements fédéral ou provinciaux.

Or, au cours de la présente campagne électorale, comme bien d'autres dentistes, vous aurez sans doute l'occasion de rencontrer des candidats de tous les partis. Il importe alors de leur poser à tous la question suivante :

« ÊTES-VOUS D'ACCORD, VOUS ET VOTRE PARTI, À IMPOSER UNE TAXE DE VENTE FÉDÉRALE SUR LES SOINS DENTAIRES, TEL QUE LE SUGGÈRE LE LIVRE BLANC DE 1987 SUR LA RÉFORME FISCALE? »

L'Association dentaire canadienne discute de cette question depuis un certain temps déjà avec le Ministère des finances qui connaît ainsi notre opposition à l'imposition de la taxe de vente sur les soins dentaires. Le ministère accepte aussi dans une certaine mesure les raisons que nous avançons pour considérer les soins dentaires de la même façon que les soins médicaux dans le cadre de la réforme de la taxe de vente, égalité qu'on ne trouve cependant pas dans le Livre blanc de 1987.

Pourtant, plus de 90 p. 100 des soins médicaux sont financés par les gouvernements et seront ainsi exempts de la taxe de vente fédérale qui nous est proposée, alors que 90 p. 100 des soins dentaires y seront assujettis puisqu'ils sont payés personnellement ou financés par des régimes privés d'assurance-soins dentaires.

Les dentistes du pays s'inquiètent également de ce que l'imposition d'une taxe de vente de 10 p. 100 empêchera de nombreux Canadiens d'avoir accès aux soins dentaires.

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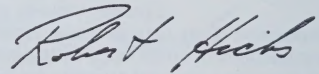
Les pourparlers entre le Ministère des finances et l'Association dentaire canadienne se poursuivent. Le ministère attend cependant le résultat des prochaines élections pour savoir si les élus qui formeront le gouvernement lui donneront ou pas le feu vert pour aller de l'avant avec l'imposition de la taxe de vente fédérale sur les soins dentaires.

Je vous en prie, n'hésitez pas à interroger les candidats. De plus, vous nous aideriez grandement en faisant part brièvement de vos rencontres au Comité de la fiscalité, au siège social de l'ADC (1815, chemin Alta Vista, Ottawa (Ontario), K1G 3Y6).

Pour obtenir tout autre renseignement, n'hésitez pas à me téléphoner au 604-992-0111.

Sincèrement,

Le président du comité de la fiscalité,

A handwritten signature in dark ink, appearing to read "Robert Hicks". The signature is fluid and cursive, with the first name "Robert" and the last name "Hicks" clearly distinguishable.

Robert N. Hicks, D.D.S., M.S.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

November 1988

Dear Colleague:

RE: FEDERAL SALES TAX
ON DENTAL SERVICES

I am pleased to report that the Minister of Finance, the Honourable Michael Wilson, has announced that he does not support the general principle of placing a federal sales tax on all dental services that are privately funded. This announcement is a result of a number of consultations between the Minister's Department and the Canadian Dental Association.

In a letter to our President, Dr. Jack Niedermayer, Mr. Wilson states:

"We do not consider the preliminary proposal outlined in the (1987 Sales Tax Reform) White Paper to be satisfactory. It is not."

Our President's letter of response to the Minister stated:

"Your strong support of the fact that the preliminary proposal outlined in the White Paper is not satisfactory, will go a long way in relieving our members' initial concerns on this issue."

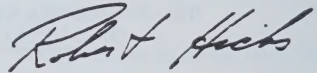
The Department has indicated that the Minister accepts the concept that medical and dental services should be treated equally, under sales tax reform. This statement should lead to most medical and dental services being exempt from the proposed federal sales tax. If any exceptions occur to an exemption from taxation, the medical and dental services eligible for federal sales tax should be very few in number.

.../2

Discussion between the Department of Finance and the Canadian Dental Association will continue until the details of this concept are finalized. I wish to stress that the Department has been most cooperative and helpful during the discussions on the treatment of privately funded dental services under sales tax reform. I am confident that this cooperative atmosphere will prevail and that a mutual agreement on this important issue will be achieved.

The CDA will keep you informed of any additional information. Until then, I thank all of you who have assisted in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Hicks". The signature is fluid and cursive, with the first name "Robert" and last name "Hicks" clearly distinguishable.

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

Novembre 1988

Chers collègues:

OBJET: LE PROJET DE TAXE DE VENTE FEDERALE
SUR LES SOINS DENTAIRES

Il me fait plaisir de vous informer que le ministre des Finances, l'honorable Michael Wilson, a fait savoir qu'il n'appuyait pas en principe l'imposition d'une taxe de vente fédérale sur tous les soins dentaires financés par les particuliers. Cette annonce est le fruit de consultations entre le ministère dont il assume la responsabilité et l'Association dentaire canadienne.

Dans une lettre qu'il adressait à notre président, le Docteur Jack Niedermayer, M. Wilson précise:

"Nous ne considérons pas que la proposition préliminaire décrite au Livre blanc (de 1987 sur la réforme fiscale) est satisfaisante. Elle ne l'est pas." (notre traduction)

Dans sa réponse au ministre, notre président a déclaré ceci:

"En affirmant avec force que la proposition préliminaire décrite au Livre blanc de 1987 sur la réforme fiscale n'est pas satisfaisante, vous soulagez nos membres dans une grande mesure de l'inquiétude que ce projet a soulevée dès le départ."

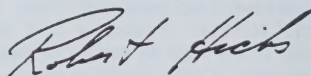
Le ministère a indiqué que le ministre acceptait de considérer les soins dentaires et les soins médicaux sur un pied d'égalité dans le cadre de la réforme fiscale. Cette déclaration devrait entraîner l'exemption de la plupart des soins médicaux et dentaires et, si certains de ces services devaient quand même être assujettis à la taxe, ils seraient peu nombreux.

.../2

Les pourparlers entre le Ministère des finances et l'Association dentaire canadienne se poursuivront jusqu'à ce qu'on ait défini le projet en détail. Je dois souligner de façon particulière que le ministère a démontré d'une très grande collaboration, facilitant d'autant les pourparlers concernant le sort des soins dentaires financés par les particuliers dans le cadre de la réforme fiscale. J'ai ainsi grandement confiance que ce climat de coopération se maintiendra et que nous en arriverons à une entente sur cette importante question.

L'ADC vous tiendra informé de tout autre développement. En attendant, je remercie tous ceux et celles qui nous ont apporté leur aide.

Le président du Comité
de la fiscalité,

A handwritten signature in dark ink, reading "Robert Hicks". The signature is fluid and cursive, with the first name "Robert" and the last name "Hicks" clearly distinguishable.

Robert N. Hicks, D.D.S., M.S.

Minister of Finance

Ministre des Finances

OCT 12 1988

Dr. Jack W. Nedermayer
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Nedermayer:

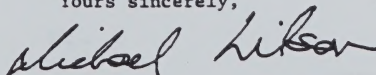
I understand that Dr. Robert Hicks, Chairman of the Canadian Dental Association's Taxation Committee has recently written to your membership on the issue of sales tax reform. I am writing to correct two errors of fact that appear in his letter.

First, the White Paper on Tax Reform did not suggest that the federal sales tax rate would be set at 10% after the existing system is replaced. It was then, and remains now, much too early to take any decisions on the rate. Nevertheless, consistent with our long-standing commitment, when the time comes to establish a rate, it will be set at a level that provides the government with no net additional revenues.

Second, over the last number of months we have been working with the Dental Association to develop an alternative approach to the treatment of dental services under a reformed sales tax system. In that context, we have indicated on several occasions that we do not consider the preliminary proposal outlined in the White Paper to be satisfactory. It is not. For this reason, we are attempting to formulate a more equitable approach. Based on the encouraging progress to date in our discussions, I am confident that we will be able to develop a proposal that is mutually satisfactory -- in other words, one that fully respects the medical nature of dental treatment. As you may know, I have already indicated this in my correspondence with individual dentists.

I hope that my letter clarifies the government's position on this important question. I trust that you will want to make every effort to remove the misconceptions that may have been created among your members.

Yours sincerely,



Michael H. Wilson



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRESIDENT

October 24, 1988

The Honourable Michael H. Wilson, M.P.
Minister of Finance
L'Esplanade Laurier
140 O'Connor Street
Ottawa, Ontario
K1A 0G5

Dear Mr. Wilson:

I am in receipt of your recent letter of October 12, 1988, in which you comment on the Canadian Dental Association's correspondence informing its membership of that part of the 1987 Sales Tax Reform discussion paper, which proposes that a federal sales tax be placed on dental services which are not insured under government-funded plans.

Your letter states that an error of fact occurs in our letter, where we state that the White Paper on Tax Reform suggested that the federal sales tax rate would be set at 10%. We were in error in crediting the White Paper with setting the rate at 10%. The White Paper used the figure 8% in its illustrations, but nowhere in the Paper did it confirm that this would indeed be the tax rate. Our figure of 10% came from experienced tax advisers, who suggested that this figure would be a realistic conclusion since food, certain prescription drugs, and certain medical devices were zero rated for tax purposes late in 1987.

I am unable to appreciate the second error of fact mentioned in your letter. The letter which you sent to individual dentists states that the Department of Finance is actively consulting with the Canadian Dental Association on this issue. Our letter to the membership also states that we have been discussing this issue with the Department. We feel that considerable progress has been made, and indicated that your Department has shown some acceptance of our position. You correctly state that both the Department and the CDA are attempting to formulate a mutually satisfactory conclusion to the issue of a federal sales tax being applied to dental services. I see no error of fact in either letter relating to discussions between the Department and the CDA.

.../2

- 2 -

This being said, I appreciate and thank you for both your letter and the concern you express regarding the treatment of dental services under a reformed sales tax system. Your strong support of the fact that the preliminary proposal outlined in the White Paper is not satisfactory, will go a long way in relieving our members' initial concerns on this issue.

The Canadian Dental Association now awaits a decision on how dental services will be treated under sales tax reform and will, of course, continue to work closely with officials of your Department, in order to reach a timely resolution to this issue.

Sincerely yours,

A handwritten signature in dark ink, reading "Jack W. Niedermayer". The signature is fluid and cursive, with the first name "Jack" and last name "Niedermayer" clearly legible.

Jack W. Niedermayer, B.A., D.D.S.
President

/msg

APPENDIX IV

PRELIMINARY STATEMENT

Taxation Seminar - Montreal
October 21, 1988

Income

Registration	\$5,840.00
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Expenses

Promotion	\$1,016.06
Facility Rental & Catering	1,127.10
Travel/Accommodation	2,567.32
Per diem Expense	
- Chairman	
- Staff	
- Executive Council member	
Office Supplies & Shipping	154.38

Total Expenses	<u>4,864.86</u>
----------------	-----------------

Projected Profit	\$ 975.14 =====
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THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. Don MacFarlane, Chairman, Vancouver
Dr. Bernie Dolansky, Ottawa
Dr. Toby Gushue, St. John's
Dr. Don Gutkin, Winnipeg

Executive Liaison: Dr. Don MacFarlane, Vancouver

Coordinator: Ms. Janice Forsythe

1. Committee Meetings

The Third Party Dental Plans Committee has met twice since its report to the 1988 Annual Meeting: October 2-3 and December 9-10, 1988.

2. Liaison Activities

Ms. Janice Forsythe met in November, on behalf of the Committee, with Mr. Mike Killoran of the ODA. Mr. Killoran was able to provide valuable insight into the third party situation in Ontario.

Other liaison activities are described under the headings below.

ITEMS REQUIRING BOARD ACTION

3. Electronic Data Interchange

APPENDIX I

Dr. Bernie Dolansky, Dr. Don Gutkin and Ms. Janice Forsythe met in the fall with various consultants regarding Electronic Data Interchange (EDI). The Committee then had a conference call and chose the firms of TPF&C and GSA Consulting Group Inc. to develop an implementation plan for a CDA EDI program.

The Consultant's report is found in APPENDIX I.

RESOLVED:

- 89.24 THAT the CDA Board of Governors approve proceeding with the development and implementation of a national dental EDI system.

THAT the Third Party Dental Plans Committee be authorized to proceed.

ADOPTED

NOTE: The two governors representing the corporate member in Quebec abstained.

RESOLVED:

- 89.25 THAT the funds expended by CDA to develop and implement EDI, will be recovered from the initial gross revenues from the claims transmissions prior to any monies being distributed. Estimate \$56,000. plus legal costs.

ADOPTED

NOTE: The two governors representing the corporate member in Quebec abstained.

RESOLVED:

APPENDIX II

- 89.26 The agreement between ODA and CDA (Appendix II-a), will be the basis of the agreement between CDA and the provinces for participation in the joint national dental EDI system.

ADOPTED

NOTE: The two governors representing the corporate member in Quebec abstained.

4. Position Statement on the Designation of Provider Services

In response to a request from the Dental Specialties Committee and the Academy of General Dentistry, the Committee developed the following position statement, which it has always used in principle in the past:

RESOLVED:

- 89.27 THAT the following position be formally adopted by the CDA:

"The Canadian Dental Association's Position on the Designation of Provider Services is that any licensed dentist in Canada is qualified to deliver the full range of dental care.

Dentists are responsible to the public through provincial health acts which ensure that they have the proper education and training to perform any given procedure. Therefore, it is inappropriate for third party insurers or government agencies to limit care by identifying any single group of the profession as the only one qualified to deliver any particular service. This would be true whether the action were taken as a means of rationing care or limiting the provision of care to a group deemed to have a higher level of training."

ADOPTED

The Board of Governors agrees and further recommends that the determination of a licensed dental practitioner's eligibility to carry out any patient care services must be based upon the individual's personal qualifications and experience and must not be constrained by definitions of eligibility introduced by third party insurers defining eligibility in terms of groups of practitioners.

5. National Conference: 1989

The 1988 Conference was deemed so successful by both carriers and dentists that the Committee is proposing a follow-up conference in 1989. Because of the spirit of cooperation exhibited by the carriers at the 1988 conference, the Committee would like to be able to ask the industry for partial sponsorship of the 1989 conference.

RESOLVED:

- 89.28 THAT the Third Party Dental Plans Committee be authorized to seek funding from the insurance industry in planning a second Conference: Dental Plans: Our Shared Concerns in the Fall of the 1989.

ADOPTED

The proposed Conference will again be held in Toronto to provide easy access to carriers and brokers. The Ramada Renaissance Hotel has been chosen for September 21-22, 1989.

The main topics to be addressed are tentatively set as: implementation of the new codes; electronic data interchange; and an update on progress made as a result of the last Conference.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. 1988 Conference Report: "Dental Plans:
Our Shared Concerns"

A most successful conference was held in Toronto September 30 and October 1, 1988. In attendance were representatives from all of the provinces, the major insurance carriers, some insurance brokers and other interested associations. A detailed report has been written on the conference, which can be obtained by writing to Ms. Janice Forsythe at the CDA.

The most important outcome from this conference was a feeling of goodwill between dentists and insurance carriers. Discussion was open and honest, but the traditional adversarial roles were not played. Instead, it was very productive and provided a great deal of information on how costs can be contained on dental plans, how licensing bodies can act more effectively in both disciplinary measures and setting up profiling systems, etc.

The Committee is currently working on compiling a list of suggestions emanating from the conference and devising solutions for the problems.

7. Uniform System of Codes and List of Services

The USCLS has been completed and distributed to the provinces and the carriers, along with an errata sheet of all changes made after the initial printing.

The Committee is now working with specialty societies to incorporate specialty codes into the new system of coding.

8. Dialogue in Dentistry

The National Dialogue in Dentistry office was set up in January in Ottawa. Dr. Bernie Dolansky is acting as the national contact dentist on an interim basis until the position can be filled. The Committee has an excellent candidate in mind who is trying to free up his time by early spring.

Mrs. Pat Duminy, formerly of the Ottawa Dental Society, has been hired on a half-time basis to run the DID office. She will be responsible for providing the provinces with resource material and keeping track of major contacts.

Dr. Dolansky and Mrs. Duminy recently went to Chicago to meet with the staff of the Chicago Dental Society's DID program. The report of the meeting is attached in Appendix III.

APPENDIX III

Dr. Larry Rossoff and I ran a very successful DID seminar in Alberta in November. Other seminars are planned for the Atlantic Provinces and Ontario in 1989.

I met in November with representatives of the Alexander Consulting Group in Edmonton. They were most supportive of CDA's efforts in the area of purchaser contacts and are willing to collaborate with DID dentists.

Provincial corporate members are encouraged to use the national office and to share their information so that other provinces can benefit from their experiences.

9. Communication of Committee Activities

The Committee recognizes that it has not been communicating with the profession as effectively as it should be, because of a lack of time. The members encourage the CDA to allocate resources for a newsletter, which the Committee could use in addition to the Journal

to report on its projects. It would also be helpful to have on staff a reporter who could interview committee members on a specific topic and then write the article. As this is not currently possible, articles on various issues have been assigned to each Committee member and staff. It is hoped that communication will increase in the coming year.

10. Fee-for-Service Pamphlet:
"Dental Plans: Your Freedom of Choice"

APPENDIX IV

Dr. Toby Gushue has written the attached pamphlet on fee-for-service dental plans. (Presented for information in Appendix IV.) The Committee plans to have it reviewed by a benefits consultant, translated and printed for use in the DID program. The provinces will be asked to place orders on a cost plus handling basis.

11. Preferred Provider Organizations

As the issue of PPOs seems to be growing in Canada, Dr. Gushue will be writing a "Handbook on Preferred Provider Organizations" similar to the "Handbook on Capitation" published in 1986.

12. Direct Reimbursement

The Direct Reimbursement pamphlets and kits distributed to the provinces in 1988 have been very successful. The Committee is now re-printing the kit and will be selling it to the provinces and other interested organizations on a costs plus handling basis. This will be coordinated through the DID office.

13. Capitation

In addition to its regular monitoring activities, the Committee has analysed a capitation contract provided by Dr. George Peacock of Saskatchewan.

It has also reviewed a comparative analysis of fee-for-services vs. capitation practices written by Dr. Don Lauriente of B.C. The Committee plans to modify this document and the DID office would provide it to the provinces as a resource.

14. Canadian Dental Examiners

The Committee was informed that certain carriers were using Canadian Dental Examiners to act as dental consultants and request post-treatment information. Letters were written to the companies involved indicating that the Committee did not approve of such action. It has since learned that Great-West Life is no longer using Canadian Dental Examiners, but it appears that Sunlife and Canada Life still are. In addition, Canada Life is adding a proof of loss clause to all new plans. Further letters have been written objecting to this position.

Respectfully submitted,

Don MacFarlane, D.M.D.
Chairman, Third Party Dental
Plans Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Third Party Dental Plans Committee with appreciation.

A PRELIMINARY REPORT ON THE
FEASIBILITY OF
ELECTRONIC DENTAL CLAIMS TRANSMISSION

FEBRUARY 1989

TOWERS PERRIN AND
GSA CONSULTING GROUP INC.

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A Preliminary Report on the Feasibility of Electronic Data Interchange in Dentistry

I. INTRODUCTION

Over the last year, the Canadian Dental Association, through the Third Party Dental Plans Committee, has been exploring electronic data interchange for dentistry. Electronic Data Interchange (or EDI) is the process by which information can be sent via an electronic network from one office to another from most centres in Canada to most others.

This system could provide many advantages to dentists, dental associations, dental plans and the people who purchase them, due to the greater efficiency in electronically moving data compared to the standard mailing of paper.

Some of the advantages are:

For the dentist:

- much greater efficiency in dealing with dental plans, the claims information would only need to be dealt with once by the receptionist, the same information would enter the office books and be available to be placed in a file for transmission to the dental plan.
- checking patient eligibility, checking financial limits of a plan and the unused balance.
- predetermination information for all but those procedures requiring radiographs or dental consultant adjudication could be submitted electronically. The answer could be available on-line or within 24 hours, depending on the system.
- the statement of payment from the dental plan could be electronically sent to the dental office as well.
- credit card draft capture can be part of the system.
- electronic messaging and mail can also be built into the system.
- once the dental supply companies become automated, you could shop and order electronically.

For organized dentistry:

- electronic mail will allow much easier and faster communication with members.
- the EDI network will collect all of the data on dental claims in a global fashion so that the profession will have access to more data and, by managing the network, be fully in control of the data.
- this database could be a basis for practice profiling.
- this database can also lead to a better understanding of the basis of provincial fee guides.

For dental plans:

- less costly administration of the claims process.
- faster turnaround time in payment to beneficiaries.
- for plan purchasers, there would be economies in claim adjudication which could be reflected in lower premiums.

During the fall, the committee decided to engage the consulting firms of Towers Perrin and GSA Consulting Group to conduct this feasibility study.

The objectives of this assignment are to:

- investigate the feasibility of setting up an Electronic Data Interchange network for the transmission of dental claims forms and to provide on-line access to information such as patient eligibility, deductibles and coordination of benefits; and,
- prepare an implementation report and business plan for the network.

This report presents our preliminary findings and is the result of discussions and/or meetings with:

- the EDI Council of Canada;

- a selected group of the Network providers, including:
 - IBM Canada;
 - General Electric Information Services Company;
 - Shared Health Network and TDSI;
 - Health Net and Rx Plus;
 - Transwitch Technologies (formerly Valued Transactions Services).
- Canadian Dental Service Plans Inc.;
- Various dental system suppliers, including:
 - Exan Inc.
 - Able Computers Limited
 - Ace Dental
 - Domtrak
 - CDSPI
- Insurance Companies:
 - London Life (by phone)
 - Mutual Life (by phone)
 - Aetna Canada
 - Canada Life
- Not-for-profits:
 - Blue Cross
 - CU & C (B.C.)
- Third Party Administrators:
 - RMT Employee Benefit Plans Consultants Ltd.
 - The Bulger Group of Companies
 - J.J. McAteer
- Provincial Associations:
 - Ontario
 - British Columbia (by phone)
 - Quebec (by phone)

II. FINDINGS AND ANALYSIS

The conceptual schematic on the following page was developed as a vehicle for discussing the data flows throughout the system. This schematic was used as a basis for discussions with the various parties interviewed and has been refined as a result of these sessions.

The findings from our discussions and meetings can be summarized as follows:

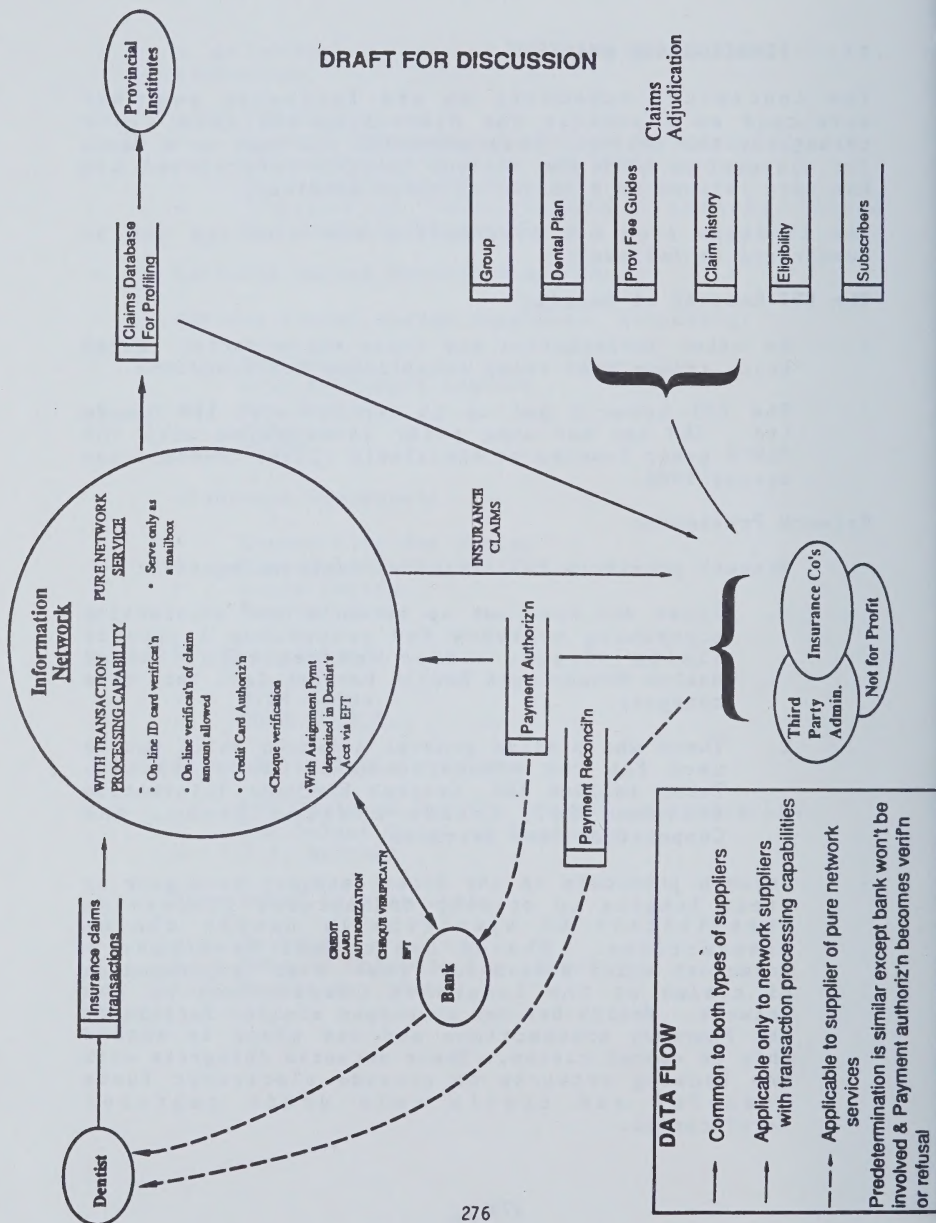
The EDI Council of Canada:

- No other jurisdiction was found where dental claims being transmitted using established EDI Standards.
- The EDI Council put us in contact with IBM Canada Ltd., IBM has had some prior interaction with the CLHIA group looking at electronic claims transmission during 1988.

Network Providers:

- Network providers fall into two basic categories:
 1. Those who have set up networks and transaction processing software for processing insurance claims (drugs, vision and dental). Shared Health Network and Health Network fall into this category.
 2. Those who provide general networks which can be used for the transmission of dental claims. These include IBM, General Electric Information Services Co., Canada Systems Group, and Cooperators Data Services.
- Network providers in the first category have gone to great lengths to develop transaction processing capabilities to specifically handle claims transactions. Shared Health has developed a framework which allows for "real-time" adjudication of claims at the Insurance Company end of the network. Health Net has developed similar facilities for Pharmacy transactions and has plans to extend this to dental claims. These networks integrate with the banking networks to provide electronic funds transfer and credit card draft capture/verification.

DRAFT FOR DISCUSSION



- Network providers in the second category could form the basis for the CDA and interested insurance companies to establish their own comprehensive offering. However this would involve significant time (to put the pieces into place) and capital expenditures for:
 - the development of transaction processing software for the network;
 - establishing the infrastructure to act as network manager;
 - software for the dental office (stand-alone claims processing module).
- Details on the network providers interviewed during this engagement are included in Appendix A.

Dental System Suppliers:

- In general, the dental system suppliers we talked to were willing to work with CDA to establish standards for electronic claims submissions.
- A concern was raised from two of the suppliers that the standards setting process be kept open and fair with no one vendor gaining undue competitive advantage.
- The suppliers supported our feelings that the technology is there to accomplish this task. However, they also echoed a general feeling that acceptance in the dental office will be one of the biggest hurdles to be overcome.

Insurance Companies and Not-for-profits:

- The insurance companies that we talked to were all part of the CLHIA study group in 1988.
- These companies were generally in agreement with the conceptual schematic presented. They were also supportive of the CDA's current efforts since they believe significant cost savings will be made in the system.
- A concern was raised by one of the insurers that this would lead to a "more level playing field", and hence reduce their ability to differentiate their products.

- The insurance companies raised a concern that proper controls need to be put in place to reduce the potential for abuse. It was suggested that claims reviews and/or the use of patient confirmation letters from the adjudicators should accompany profiling.
- The insurance companies realize that their major investment will be in modifying their systems to accept the electronic claims. On a real time basis, significant changes may need to be made since some of the insurance companies adjudicate claims on a batch, overnight basis.
- CU & C in British Columbia provided us with details on their efforts to set standards for electronic submission of claims. This work will be useful in helping to set standards for a national claims network.

Third Party Administrators:

- The Third Party Administrators (TPAs) interviewed echoed the Insurance companies' belief that savings in data entry could be realized.
- One of the TPAs interviewed processes all claims manually. They would not be in a position to accept electronically submitted claims.
- The TPAs would have to change their systems to accept electronically submitted claims in a similar way as the insurance companies.

Provincial Associations:

- We conducted interviews with three provincial associations - British Columbia, Ontario and Quebec.
- British Columbia has had experience with using claims data for profiling purposes. The programs developed to date and the experience accumulated from their efforts will be useful in designing profiling systems to run against a National Database.
- Ontario has been examining the feasibility of electronic claims submission on its own. Efforts to date have been aimed at establishing a pilot project. Ontario is interested in working with the CDA but is concerned about how the revenues from the network

will be split between the various provincial and national associations. Ontario acts as a claims processor for claims for welfare recipients. In that regard, they would accept and process electronic claims in the same manner as the insurance companies.

- Quebec expressed interest in the project and invited the consultants to visit their facilities. They feel they can contribute to the CDA's efforts through the direct experience they have acting as a Third Party Administrator in the adjudication and payments of dental claims. Claims adjudication is done in a "real-time" mode (over the telephone like credit card authorization). Several concerns were expressed which will need to be addressed in the next phase of this project. Among these concerns, they feel the project should proceed on a step by step basis allowing the dentist they feel acceptance may be a problem. These concerns have been documented under separate cover.

General Findings

- The major hurdle to be crossed will be in getting the dentists to participate. Under the scenarios presented by network providers, charges would be made to both the dentist and the insurer for claims transactions. In order to gain quick acceptance this may have to be re-thought. The insurer should pay for the entire transaction providing this is offset against their savings in data entry and cheque production.
- If Shared Health Network is successful, they will change they way the dentist interacts with the insurance company. While the patient is in the chair, a transaction will be sent to the insurance company who will check eligibility, adjudicate the claim and notify the dentist of the results. Great-West Life has developed an on-line adjudication system which will allow them to participate in this network. Insurance companies and TPAs who wish to compete under this scenario will need to develop similar on-line capability. Those which do not, face the real possibility of losing market share.
- Self-administered plans where the employer has to determine eligibility for the insurance company are not included in the schematic because of the need for

verification of eligibility. Some plan sponsors may convert these plans as the cost difference becomes narrower.

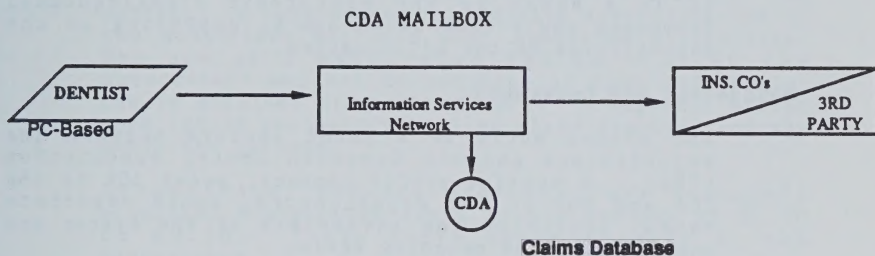
- Although the focus of our efforts is on establishing a network for dental claims, the work that has been done to-date by Shared Health and Health Net covers drugs and vision as well. From an insurance company perspective dental claims will not be done in isolation. The network that is put in place will likely be sued by the insurance companies to handle all health claims. The dental profession is in a unique position to influence the direction of the entire network.

Discussions with Representatives of the Insurance Industry and the Canadian Life and Health Insurance Association

- Discussion between the CDA Third Party Dental Plans Committee and our consultants with representatives of the insurance industry have been held from the early stages of this investigation.
- It became apparent that, for dentistry's concerns to be met and for the insurers to have their needs met, it would require a joint project involving a management committee with equal representation from CDA and the industry. While each company's data would flow through to that particular adjudicator, the aggregate database on all of the information transmitted by the system would exist only in the database owned and managed by the dental profession.
- In the preliminary discussions, the Canadian Dental Association would bring the participation of the dentists of Canada and the insurers would provide the capital. The reduction in claims administration costs should provide sufficient funds to accomplish this and pay the operating costs of the system and, in addition, pay a net amount per claim over and above these costs to the CDA and its corporate bodies. This amount is to be negotiated.

III. ANALYSIS OF OPTIONS

Option 1 - "CDA Mailbox"



- The mailbox system uses a network such as G.E. or IBM to transmit data from the dental office to the claims adjudicator. This would involve a personal computer (PC) in the dental office where claims would be entered during the day, collected, and transmitted at the end of the day to the central computer/clearinghouse. This is really nothing more or less than an electronic mailbox, managed by the owner of the network.
- The clearinghouse will sort the claims and other transactions (e.g. predeterminations) and put them in the mailboxes of the adjudicators.
- The insurance company would pick up those claims and adjudicate them, then return the payment to the patient or dentist either by cheque or electronic bank transfer.
- Other transactions, such as pre-determinations, would follow the same routing from the dental office to the mailbox, be picked up by the insurance company, acted upon, and sent back to the mailbox from where it would be returned to the dental office.
- The system would also have the capability for electronic mail from dental associations to their members and perhaps even between individual members.

- One should note that this system is designed to send information in batches, probably overnight. What this means is that dental offices would enter the data during the day and, at the end of the day, send it in a batch to the electronic clearinghouse. Responses could take 24-48 hours, depending on the capabilities of the adjudicators.

Management and Ownership

- The system would be a joint venture between the adjudicators and the Canadian Dental Association (CDA). A non-for-profit company, owned 50% by the CDA and 50% by the adjudicators, would negotiate rates, determine the parameters of the system and monitor it on an on-going basis.
- Separate from this, there would be an operation managed by the CDA which would accumulate and process the aggregate data resulting from all of the transactions going through the mailbox. This data would be available in various forms to the licensing bodies, corporate bodies, industry, etc.
- The advantages of this model are that CDA would always maintain a 50% share and that no adjudicator would be left out as they would be able to participate in the other 50% of the equity.

Costs

The CDA's goal is to establish a system which does not require any transaction costs at the dental office end for communication with dental plans.

The dentist would only be assessed normal charges for electronic mail, messaging, etc. If this system is to be placed in a high percentage of offices, it must cost the dentist very little.

In examining the various components in the network we looked at each separately.

- In the dental office, we envision the use of personal computer technology. Point-of-Service (POS) terminal costs are in the same price range as PC-based work stations (\$1500 - \$2000) but they lack the functionality to handle the complexity of dental claims. Given the purchasing power of the combined dental profession, insurance industry and whichever

computer company we choose, it is reasonable to assume that very favourable terms for leasing or purchasing equipment could be negotiated.

- We also looked at the use of cards to identify the patient. A card serves as positive identification of the subscriber but does not guarantee eligibility. The use of a smart card (\$5.00 - \$7.00 per subscriber) may not be required if that information can be obtained from the network. A magnetic stripe card (\$0.30 per subscriber) or plain plastic card may serve the purpose.

In addition, network providers are currently proposing transaction costs to the dentist of \$0.20 to \$0.50. These costs would be paid by the adjudicator.

CDA's Management of Dental Claims Data

Annual Operating Costs:

1.	Salaries and Benefits for 3 employees	\$120,000
2.	Computer Equipment Maintenance	15,000
3.	Office Rent	25,000
4.	Telecommunications	15,000
5.	Accounting and Administration	12,000
6.	Supplies & other misc. office expenses	<u>15,000</u>

Total Annual Operating Costs: \$202,000

Note: Significant savings (\$35,000 to \$45,000 per annum) can be realized if this operation can share facilities with existing CDA business entities (e.g. CDSPI).

Capital Costs:

1.	Mini-computer with 300 - 500 MB of disk, 8 ports and 1/2" tape drive	\$100,000
2.	3 to 4 AT class personal computers for statistical analysis and graphics	15,000
3.	Software for handling the dental claims database	75,000
4.	Peripherals (printers, plotters, etc)	15,000
5.	Communication equipment	<u>10,000</u>

Total Capital Costs: \$215,000

Insurance Companies' Costs

The major cost to the insurance companies includes the costs required to change their systems to handle the data from the network. These costs will vary significantly depending on their current systems. However, these should be borne directly by the individual companies.

Transaction costs to pick the claims up from the network provider are in the range \$0.20 to \$1.00. On the top end these costs allow for on-line adjudication by the insurance company.

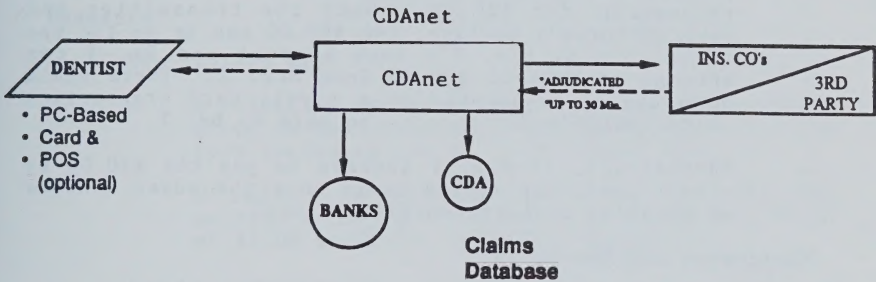
Benefits

On the benefit side of the equation, the savings are:

- a reduction in data entry costs (estimated to be \$1.00 to \$1.50 based on an average dental claim form including two to three services).

Using conservative numbers from these ranges a straight through claim would cost approximately \$0.50 and save \$1.00 in data entry costs. This represents a net saving of \$0.50 per claim to the insurer (not including the loss of float). One would envision similar savings for other transactions, such as pre-determinations.

Option 2 - "CDAnet"



- CDAnet uses the model previously delineated for Option 1, but while it appears similar, it actually represents a quantum leap in complexity.
- This is due to the introduction of on-line, real-time capabilities, as opposed to the batching, overnight transmission of data in Option 1. There is the further factor of dealing with each transaction as a separate entity, rather than as a batch. Therefore, one can imagine that both the start-up and the operating costs will be of a greater magnitude than what was discussed in Option 1. What we are talking about is a state-of-the-art system.
- What this means in practical terms is that the personal computer in a dentist's office can communicate via modem to the central clearinghouse/mailbox on a claim-by-claim basis. From the clearinghouse, the claim is then sent to the correct adjudicator who can determine eligibility, coverage, deductibles, co-payments, etc., and send it back via the same routing to the PC in the dental office. In as little as 20 - 30 minutes, the dentist can have the information needed to proceed with the patient.
- One of the capabilities which becomes apparent in this type of system is that, once the amount of coverage is determined, that amount of the money can be guaranteed to the dentist or the patient. With electronic banking, the funds can be transferred overnight.

- For example, Dr. X checks Mrs. Y's eligibility and coverage and finds out that, for an \$80.00 procedure, \$60.00 is covered, with Mrs. Y being responsible for \$20.00. Once the transaction has been authorized on-line, the \$60.00 can be on the way to Dr. X's or Mrs. Y's bank account and Dr. X can arrange to collect \$20.00 from Mrs. Y. There would be a charge comparable to a credit card transaction charge which would have to be paid by Dr. X.
- Furthermore, if Mrs. Y chooses to pay the \$20.00 by credit card, the system could have the added feature of handling that transaction as well.

Management and Ownership

- We would use the same model as in Option 1, i.e., a 50/50 joint not-for-profit company with the adjudicators. Transmission would be accomplished by piggybacking on an existing carrier. CDA would still manage a separate database.

Costs

- In the dental office, the set-up and costs would be similar to those in Option 1.
- The costs associated with the CDA's management of dental claims data would be the same for both capital and operating expenses.

Additional Costs

- Obviously, the major additional costs fall into two areas:

1. Network Costs

The greater capability and complexities of CDAnet necessitate hardware and software costs in the range of \$500,000 to \$700,000. Because of two-way transmission, the transaction fees would be higher.

2. Insurance Companies' Costs

The on-line reactivity features of this sort of system would require the adjudicator to develop the capability to deal in real-time with dental offices. Obviously, this necessitates major

investments in both hardware and software, as well as additional operating expenses.

Benefits

- The savings are:
 - a reduction in data entry costs (estimated to be \$1.00 to \$1.50, based on an average dental claim form including two to three services);
 - a reduction in the cost of producing and mailing a cheque (estimated to be in the range of \$1.00 to \$1.25, including postage).
- Using conservative numbers from these ranges, a straight through claim would cost approximately \$0.50 and save \$1.00 in data entry costs. A claim which is adjudicated by the insurance company on-line and returned to the dentist would incur \$1.50 in transaction costs, but result in potential savings of \$2.00 (data entry and cheque production costs). In either case, this represents a net saving of \$0.50 per claim to the insurer (not including the loss of float). One would envision similar savings for other transactions, such as pre-determinations.

Disadvantages

- Initial start-up costs and operating costs are higher than in Option 1.
- This system encourages the assignment of claims.

Option 3 - "Othernet"

- There is a third choice available because network systems such as those discussed in Option 2 already exist and, in fact, are anxious to become active in the dental field. Everything we have stated re: a CDA network in Option 2 can be found in those services offered by companies such as Shared Health Network and Healthnet.
- Therefore, in making our decision, we have a true choice of founding and managing our own system or contracting with one of these companies to have them do EDI for us at a set fee.

IV. RECOMMENDATIONS

CDA should:

1. Proceed with one of the options outline in the report for the implementation of an Electronic Data Interchange system.

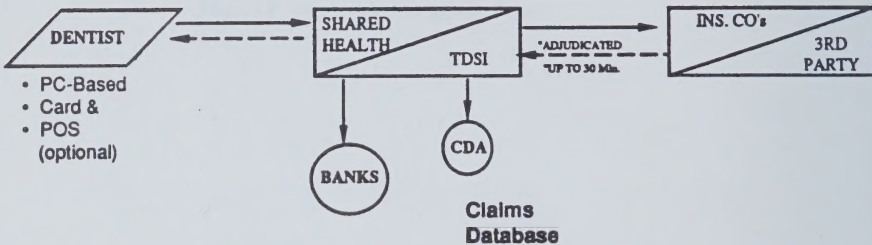
Depending upon the option chosen, some or all of the following should be accomplished:

2. Conduct formal negotiations with the insurance industry to resolve outstanding issues, including:
 - access to data
 - access to network
 - revenue and cost issues
 - etc. ...
3. Finalize functional requirements and address concerns raised by the various parties during the first part of this project.
4. Solicit proposals from network providers.
5. Solicit proposals for hardware, software and the development of the claims database.
6. Finalize the implementation plan, including:
 - Details
 - technical
 - economic
 - systems design
 - Business Plan
 - Implementation Issues such as: how will we get this into the dentist's office and what will be the impact on:
 - organized dentistry
 - individual practitioners
 - plan sponsors
 - third party administrators
 - patients
 - government

- insurance companies
 - the Canadian Life and Health Insurance Association
 - others
- Phased Implementation Plan

APPENDIX A
SUPPLIER SUMMARIES

Shared Health Network Services Inc.



Features

- Transaction by transaction transmission
- PC, printer and Billing Module Software provided by Shared Health Network
- PC will be loaded with fee schedules and the dental plan information from each insurance company in the network.
- Shared Health issues and controls identity cards (magnetic strip based).
- Utilizes Transact Data Services Inc. (TDSI) as the network manager and network switch.
- Allows insurance companies to adjudicate their own claims.
- Integrated with the credit cards networks of all the major banks.
- Shared Health will pay the adjudicated claim to the dentist (for a discount - not less than that offered by the credit card companies). The money will be deposited via electronic funds transfer in the dentist's account on the following day.

Advantages

- From the insurance companies' standpoint, it allows for the integration of dental claims with all other health benefit claims (drugs, vision, etc.).
- Actual claim amounts are transmitted, but based on the plan information on the PC, the dentist has an estimate of the difference (between the amount claimed and the amount allowed) before the claim is actually adjudicated.

- TDSI's network is currently processing 175 million transactions per month with 25,000 Point-of-Service terminals deployed nationally.
- The dentist can add Dental Office Software to the billing module (at his/her own expense).
- Shared Health has undertaken to make the system work with the billing modules from all the major vendors of dental office systems.
- Participating insurers with the technology for "on-line" adjudication will have a significant competitive advantage in eliminating paperwork and minimizing total costs.

Disadvantages

- Encourages assignment of claims.
- CDA's role would be restricted to the management of the claims database.

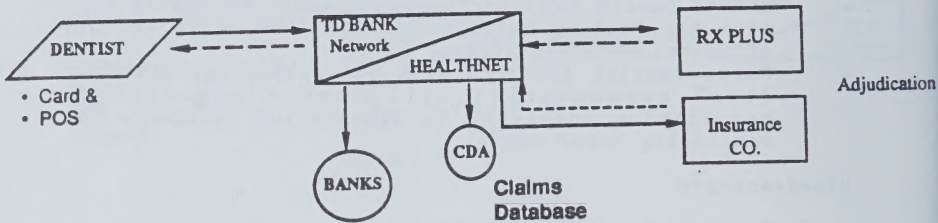
Costs

- For the dentist - network membership of \$35.00 per month, inclusive of full service support and hook-up to credit card networks. There is a one-time installation charge of \$50.00.
- For the submission of claims electronically with no adjudication - \$0.35 per claim for the dentist and \$0.40 per claim from the insurance company.
- If the dentist wants payment from Shared Health, the total cost to the dentist is approximately 1.5% of the claim amount payable.
- If the dentist wants only a confirmation of the amount payable by the insurance company (i.e. no assignment), each claim will cost \$0.60.
- The cost to the insurance company for on-line adjudication (regardless of the payment method) is \$1.00 per claim.
- There would be no charge to the CDA for a copy of the transaction.

References

- Michael Ozerkevich - President, Shared Health Services Inc.
- Vivien Pruuli - Industry Manager, TDSI.
- Software for handling dental claims should be ready for the second quarter of 1989. At that point, the system will be handling 800,000 subscribers from three difference insurance companies.

Healthnet Systems Inc.



Features

- Magnetic strip encoded card and POS terminal.
- Will use existing TD Bank network.
- Insurance company pays \$0.30 to \$0.35 per card issued.
- Expected 250,000 cards to be issued.

Advantages

- Transaction copy could be available to CDA - cost not known yet.
- Ties into credit card payment network.
- PC can be added at extra cost.

Disadvantages

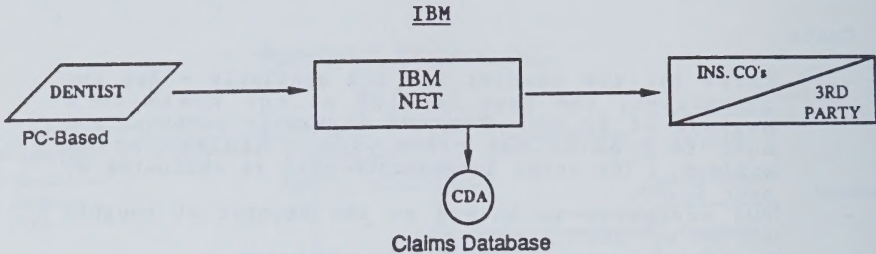
- Have not thought through or developed the dental claim procedure.
- The system is oriented towards the assignment of claims.
- The concept is not yet operational - will begin during the first quarter of 1989.
- There are many conflict of interest issues throughout.
- Uncertain if it will offer pass-through of unadjudicated transactions.
- Uncertain if Third Party Administrators will be able to participate.

Costs

- Rates for the dentist are not available - for the pharmacist, the cost is 1.5% of the claim to a maximum of \$0.35. For the insurance company, the cost is 3.5% of the claim with a minimum and a maximum. The total transaction cost is estimated at over \$1.00.
- POS equipment is leased to the dentist at roughly \$50.00 per month.
- Transaction cost to the CDA is not known.

Reference

- Ian Cumming - President, Healthnet Systems Inc.



Features

- Dentist sends one daily transmission.
- IBM distributes to the insurer mailboxes.
- Copy of transactions available for CDA.
- A "Network Manager" will be required.

Advantages

- Established network already dealing with insurance companies.
- The Network Manager could make a profit on volume discounts as well as offer other network services (e.g. Electronic Mail).
- Transactions through the network are available to the CDA for profiling - cost is not known.
- IBM is interested in developing transaction handling software.

Disadvantages

- Network Manager arranges for all terminal equipment installation and maintains password control.
- Network Manager has to apportion the invoice from IBM to the individual insurance companies and dentists - minimum billing charge from IBM is \$1,000 per month.

Costs

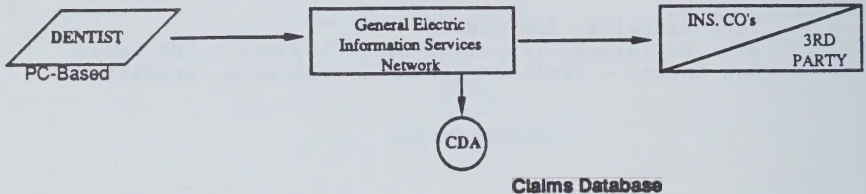
- PC terminal equipment not estimated.
- The dentists and the insurance companies are each charged \$0.30 to \$0.57 per claim - total transaction cost of \$0.60 to \$1.14.
- Copy of the transaction to CDA will cost an additional \$0.12.

- Additional costs are involved in developing transaction handling software at the PC terminals and at the network.

References

- John Sandella, IBM Canada
- Alan Silverman, Technical Sales Support - IBM Canada
- Bob Borham - President, IVANS, Greenwich, Connecticut

General Electric Information Service Co.



Features

- One daily transmission from the dentist.
- The network will automatically distribute the claims to the insurance companies.
- Copy of the transaction is available to CDA.
- A "Network Manager" is required.

Advantages

- Established EDI network transfers the transactions.
- All arrangements are very negotiable.

Disadvantage

- The Network Manager would have to allocate the billing, control the passwords and support PC terminals (similar to IBM).

Costs

- The cost of the PC terminal equipment is not estimated.
- The total cost of the transaction is estimated at \$0.25 to \$0.40.
- CDA can receive a copy of the transactions at no charge.

Reference

- Jack Brooks - Marketing Manager, GE Information Services, Canada



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

MEMORANDUM

March 29, 1989

TO: Presidents, Corporate Bodies
FROM: Dr. Jack Niedermayer, President
SUBJECT: EDI

As we continue to make progress in developing our National Electronic Data Interchange network, I feel that it is opportune to outline the arrangements that we anticipate will form the basis of CDA agreements with both the insurers and you, our corporate members.

The Board of Governors of the CDA will be asked to make a decision to proceed with the recommendations of an implementation report, which will establish CDA's EDI network. During this implementation phase, one task will be to draw up the appropriate legal documentation necessary to formalize these agreements between CDA and its corporate members, and between CDA and the claims processors.

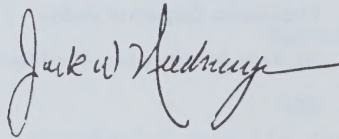
Enclosed is a letter of intent received on behalf of the claims processors, which will form the basis for negotiating formal legal agreements. Your comments on these proposals are welcome.

As the province of Ontario has the potential to generate up to sixty percent of dental claims nationally, the insurers were anxious to know that the ODA would participate in the CDA network. Therefore, although discussions have been initiated with all ten provincial corporate bodies, the initial negotiations took place with Ontario. Enclosed are the general terms of the agreement reached with the ODA. If the other CDA corporate members find these terms acceptable, CDA can then proceed to develop one general agreement regarding EDI, for all provincial associations. Again, your comments are invited.

.. /2

There is certainly enough information available in the two enclosures with this letter, and the previously delivered EDI feasibility study, to enable CDA Governors to take an informed decision on the project. CDA would therefore encourage the fullest discussion of this issue while in Ottawa at the Interim Board meeting.

Let us seize this opportunity which will be to the advantage of Canadian dentistry.

A handwritten signature in dark ink, appearing to read "Jack W. Hudnutt". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

c.c.: CEO's Corporate Bodies
Executive Council
Board of Governors

Att.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

NOTE

Le 29 mars 1989

AUX: Présidents des organisations membres
DU: Dr Jack Niedermayer, président
OBJET: Réseau d'échange électronique des données

Dans notre cheminement pour mettre au point un réseau national d'échange électronique des données, le moment est venu, je crois, de faire connaître les dispositions qui serviront de base aux ententes que l'ADC devra conclure avec ses organisations membres et les sociétés d'assurance.

Le Bureau des gouverneurs sera, en effet, invité à autoriser la création du réseau, conformément au plan de mise en oeuvre qui lui a été recommandé. La première phase prévoit la rédaction des documents juridiques qui auront pour objet d'officialiser les ententes à intervenir entre l'ADC et ses organisations membres ainsi qu'entre l'ADC et les sociétés d'indemnisation.

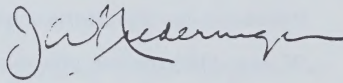
Vous trouverez ci-joint une lettre d'intention que celles-ci nous ont fait parvenir et qui serviront de base à la négociation d'ententes officielles et légales. Nous apprécierions vos commentaires à ce sujet.

Par ailleurs, comme près de soixante pour cent des demandes d'indemnisation proviendront vraisemblablement de la province de l'Ontario, les sociétés d'assurance tenaient à s'assurer que l'Association dentaire de l'Ontario participe au réseau de l'ADC. Voilà pourquoi les premières négociations ont eu lieu en Ontario, même si les pourparlers ont été entrepris avec toutes les organisations membres. Vous trouverez donc ci-joint les modalités de l'entente intervenue avec l'Ontario. Si les autres organisations membres trouvent ces modalités acceptables, l'ADC entreprendra alors de mettre au point les termes d'une entente générale. Ici encore, nous apprécierions vos commentaires.

.. /2

Les gouverneurs trouveront dans les deux documents ci-joints et dans l'étude de faisabilité qui leur a déjà été remise suffisamment de renseignements pour leur permettre de prendre une décision éclairée. L'ADC souhaite donc que cette question soit discutée à fond à Ottawa, lors de la prochaine assemblée provisoire des gouverneurs.

Sachons profiter de cette occasion dans l'intérêt de la dentisterie canadienne.



c.c. Directeurs généraux des organisations membres
Conseil exécutif
Bureau des gouverneurs

Pièces jointes

ODA/CDA JOINT MANAGEMENT MEETING

ON

ELECTRONIC DATA INTERCHANGE

THURSDAY, FEBRUARY 16, 1989

ODA BOARDROOM

*Official Minutes
March 9/89
Jib*

Items previously agreed to on February 10, 1989 were amended as follows:

Principles

1. Any national EDI system would be operated as a not-for-profit corporate body, the directors of which would be an equal compliment of persons appointed by the insurance industry and by organized dentistry.
2. Any **global** data base containing information on dental claims submitted would be owned exclusively by the dental profession.
3. Would involve a series of participation agreements or contracts between the various participants.

Contract Items

1. Data collected from claims generated in Ontario dental offices would be owned exclusively by the ODA in perpetuity regardless of future participation in any national EDI system. The CDA may request particular data for statistical or survey purposes and such requests will not be unreasonably refused, **and the ODA undertakes that data so obtained will be available to the RCDS.**
2. Policies pertinent to the operation of the system, claims information requirements and the use of data generated will include only matters and policies agreed to by the ODA and such policies will be an integral part of **a participation agreement and the agreement shall include that the ODA and CDA will participate for a minimum period of three years from January 1, 1990 or such other agreeable date that the system is functionally operational during which time operations policies will be reviewed annually and any changes deemed desirable implemented by consent of the contracting participants. A period of six months notice to cancel at the end of this period or during future annual agreements is agreed to which period shall not constrain the respective parties from searching for alternate claims processing and payment systems which may be implemented after the termination of this contract.**

3. The ODA will have the right to negotiate particular fees and commissions with the EDI operators **in excess of normal system charges** and provision will be made, if so desired by the ODA, to collect levies or fees from Ontario dentists through and by use of the technology of the EDI system **and that reasonable administration fees directly related to the application of this provision would be paid by the ODA.**
4. A Board of Directors composed of an equal number of representatives of the insurance industry and of the dental profession will be established to operate, in all respects, the EDI system. The ODA will have a minimum of 30% of the dental representation on this Board.
5. ~~No~~ agreement was reached on the apportionment of any net revenues generated by the system *at 36 percent for CDA and 64 percent for the ODA.*
6. Should, at any future time, the ODA determine that an Ontario EDI system rather than a national one is preferable, it is agreed that CDA affiliate members from Ontario who are members of a national system at the date of severance may retain their participation in the national system and any dentists in Ontario who become CDA affiliate members after that date may join the ODA system as a right. It is further agreed that the ODA would not attempt to expand their system outside of Ontario and the CDA would not maintain a system in Ontario except for the affiliate members who were participants at the time of any severance.
7. Until January 1990, a member of the ODA who can effectively represent the ODA will attend CDA meetings regarding EDI during this time period and such further time as a contractual relationship regarding EDI exists, the ODA Director of Advisory Services or such other person who may be delegated by the ODA will attend all meetings between the CDA and external agencies or personnel where EDI is on the agenda and will receive copies of all reports and correspondence between these same parties and, on a reciprocal basis, the CDA will be advised of all ODA meetings of a similar nature and invitations to attend issued and reports or copies of correspondence provided.
8. It is agreed that in all respects regarding the development and implementation of an EDI system, time is of the essence and neither party will cause or accept any unreasonable delays.
9. *The ODA agrees to promote EDI in Ontario and to fund the promotion.*

Accepted March 9, 1989

for CDA

[Signature]

for ODA

[Signature]

Bill Topfer FLMIA AALLU
Claims Vice-President
Group Insurance

March 15, 1989

Mr. Bernie Dolansky
Chairman, Sub-Committee on EDI
Canadian Dental Association
1815 Promenade Alta Visa Drive
Ottawa, Ontario.
K1G 3Y6

Dear Mr. Dolansky,

RE: LETTER OF INTENT

I've enclosed a copy of the letter of intent, signatories to which are:

Aetna Canada
Confederation Life
Constellation
Manufacturers
Metropolitan Life

Other interested but as yet uncommitted parties are:

Ontario Blue Cross
Sun Life
London Life
Canada Life
Prudential Of America
Co-operators
Desjardin
Maritime Life

Ottawa March 30th, 9 a.m. is okay to meet for further discussions.
Likely attendees are:

Bill Topfer (Confed)
Stu McRae (Constellation)
Gary Maxwell (Metropolitan Life)
Mike Horner (Aetna)
Robert Bruce (Ontario Blue Cross)

J. W. Topfer
per L.H.

Claims Vice-President
Group Insurance

JWT:lh

DRAFT LETTER OF INTENT

February 28, 1989

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario.
K1G 3Y6

Gentlemen,

This letter signifies our agreement in principle to participate in a national dental electronic data interchange system with the Canadian Dental Association.

The following points outline in general terms the basis of our joint participation in this project. It is not intended that this document form the basis of a binding contract.

1. The dental network will be a 'not for profit' enterprise jointly controlled by representatives of the claims processors and representatives of the C.D.A. There will be provision for sub-committees which may be formed to operate in any specialized areas of activity that may require attention.
2. Membership in the network will be available to all dental insurers, including 'not for profit' organizations, government agencies active in dental benefits, third party administrators and to all licensed, practicing, dentists. The standards for data transfer will be open and published so they may be available to anyone with a legitimate interest in them.
3. Costs incurred by the enterprise in establishing the network and all ongoing operating costs, including the costs of storing a global data base will be met by member claim processors. Rights to claim data received by the network will be negotiated and expressly described in the documents that establish the joint EDI network, however, it is understood that the C.D.A. is the only body that will have unlimited access to the global data base.
4. Dentists using the network will be required to pay for and maintain their necessary equipment.
5. The claims processor will pay the C.D.A. \$0.15 per accepted claim transmitted through the system to the processor. A claim being defined as a patient visit.

6. It is intended that the agreement will be binding for 3 years but the \$0.15 fee per claim will be reviewed after one year from the time the network becomes operational.

The foregoing is subject to the C.D.A.'s active promotion of this network to all licensed, practicing, dentists in Canada. Costs of such promotion to be borne by the C.D.A. Furthermore, it is understood that the C.D.A. will promote this network to the exclusion of all others.

We look forward to participating with the C.D.A. in this project and agree that it should move forward as expeditiously as possible.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

March 16, 1989

Mr. Bill Topfer
Claims Vice-President
Group Insurance
Confederation Life
321 Bloor Street E.
Toronto, Ontario
M4W 1H1

Dear Bill:

I have received your Fax re: "Letter of Intent". I believe that this can form a good basis for our meeting March 30th.

The meeting will take place at CDA headquarters, 1815 Alta Vista Drive, Ottawa. We will commence at 9:30 a.m.. I have ordered lunch so that we will not be pressed to finish the morning at any given time. We do however, have another group to meet with at 1:30 p.m.

Present from the CDA will be our 3rd Party Committee - Dr. Don MacFarlane, Dr. Toby Gushue and Dr. Don Gutkin. As well, Jardine Neilson, Executive Director will attend and we expect a representative of ODA management.

I look forward to seeing you then.

Sincerely,

B. Dolansky, D.D.S., M.S.
Executive Council, CDA
BD/pd

DIALOGUE IN DENTISTRY REPORT

Mrs. Patricia Duminy has been hired on a half-time basis to work at the national office of DID located at the Canadian Dental Association. Mrs. Duminy comes to this position after many years of experience as the Executive Secretary of the Ottawa Dental Society. The office opened on January 16, 1989.

In May, we hope to have a contact dentist working with Mrs. Duminy on an initial one day a week basis. In the interim, I am doing the initial organizing work for the program with Drs. Don MacFarlane and Larry Rossoff doing the training seminars.

It is our intention to operate the DID program on a cost-recovery basis wherever possible. The CDA has budgeted to operate the central office and have a national contact dentist. Seminars and the materials we develop will be available at our cost plus a minor charge for overhead.

On January 13, 1989, Mrs. Duminy and I visited the offices of the Chicago Dental Society to meet with Steve Drew, their Director of Dialogue in Dentistry (DID). We were received very cordially at the Chicago Dental Society and spent most of a day reviewing their operation. A summary of our experience follows:

DIALOGUE IN DENTISTRYI Statement of Purpose

1. Dentists aggressively seek referrals from among their patients by approaching those who make decisions on employee benefits, and then the contact dentists follow through.
2. Contact dentists then pursue these referrals so that they can advise benefits managers on how best to spend their dollars.
3. Contact dentists also evaluate dental benefits, design the best plan for the purchaser and monitor the plan on an annual basis.
4. Both contact dentists and the DID coordinator will accumulate a database.

II Summary of the Chicago Dental Society Experience

Since March 1987, the Chicago Dental Society has trained 67 dentists, including 15 Canadian dentists and four national and provincial staff members. To date they have made 180 contacts and provided 30 analyses.

The CDS coordinator, Steve Drew, is now doing all of the initial contacts and then the contact dentist follows up with a phone call and appointment. This has worked well and also provides accurate records.

They also have one contact dentist (Dr. Terry Sellke) who makes regular visits (on an annual basis) to the CDS component societies to promote DID.

The reports and recommendations to the purchasers are written up by Steve Drew and Dr. Warren Smith.

III Data Analysis

Any cases for which we want the data run and analysed by the CDS will be charged back at \$100/hour (U.S.) with no minimum charge. They will also store our data in their "bank" and will retrieve it once we are ready to start our own computer analysis.

The CDS currently maintains a record of all contacts which are filed and cross-referenced by:

- 1) the company name;
- 2) the contact dentist and the companies he or she has dealt with.

In addition, all contact dentists are supposed to maintain their own separate files as a back-up.

Steve Drew strongly recommends a fast computer capable of handling database software to store the information received so that it can be retrieved by any reference.

IV CDA Proposal

I see the role of the Canadian Dental Association's Dialogue in Dentistry office as a coordinating/training service. Hopefully, we will have the 10 provinces participating in our national DID program in the not too distant future. We must also take into account the fact that we have a fair number of national companies and unions with which our various contact dentists will consult. As well, DID contact dentists will encounter many similar industries and situations across the country. All of this adds up to a very real need for a central, national file of contacts so that dentistry, through DID, can deliver a consistent message across Canada.

To achieve this, we must have the cooperation of the provinces in filing contact reports in a regular and timely fashion. We at the DID office in Ottawa will then enter them into our database and advise the appropriate province of prior similar cases or of prior advice given to that particular company/union elsewhere in Canada.

It will probably be quite useful to get the current provincial directors of DID together as soon as possible to discuss common concerns and how they would like to see the national system work. I will work towards a meeting on the afternoon of March 30, 1989, the day prior to the Interim Board meeting.

We're off to a good start and we all hope this valuable program of dentists helping dentistry prospers.

Respectfully submitted,

Bernard Dolansky, D.D.S., M.Sc.

Dental Plans: Your Freedom of Choice

Introduction

Canadians today are enjoying their best ever dental health, a standard of dental health which is as good as or better than anywhere else in the world.

There are a number of factors which have contributed to this high standard of dental health, one of which is availability of employee dental plans, which have assisted employees in paying their dental bills. Dental plans now cover close to 50% of Canadians, helping people to afford regular dental care.

As a component of regular dental care, the Canadian dental profession has promoted and practiced preventive dentistry, and fee-for-service dental plans have assisted in this emphasis by usually funding 100% of the fees for preventive dentistry.

If you wish to be a part of the only system which allows you full freedom of choice of your own dentist, here are the options open to you:

Funding Methods

Fee for service dental plans are funded either by employee/employer contributions or entirely by employer contribution and are usually purchased from a health insurer.

Fee-for-Service Dental Plans

Health insurers provide two main types of fee for service dental plans which may cover from 50-100% of dental fees of the participants. Plans vary in the designation of services covered and also in the percentages paid for various services.

1. Indemnity Plans

In this type of plan an insurance company assumes the risk for the employees' dental care with premiums being based on actuarial predictions. However, renewals are based on the experience of the plan. Indemnity plans can be fully pooled or experienced rated.

(a) Fully Pooled

The purchaser shares the risk with an insurance company and with other purchasers of similar size or description. If the pooled fund makes money for the insurer, the purchaser's renewal is appropriate to his rate of utilization. If the pooled fund loses money for the insurer, the purchaser's renewal is increased beyond his rate or utilization. The purchaser pays heavily for risk-sharing.

(b) Experienced Rated

The risk is managed by the insurance company, with the purchaser sharing in the losses and/or profits. About 70-80 cents of every premium dollar are paid for dental care, depending on the group size in the plan.

Indemnity plans contain exclusions and limitations on specific treatments.

2. Administrative Services Only (ASO)

In an ASO plan claims are administered by a third party for a percentage fee. In this plan the risk for the dental care is assumed by the purchaser, but because dental claims are sufficiently predictable, the risk becomes an item which can be budgeted.

In an ASO plan, about 90-95 cents of the premium dollar are paid for dental care. In addition, the premium tax is saved because an ASO plan is not considered an insured benefit.

Like an Indemnity plan, an ASO plan contains exclusions and limitations on specific services.

Direct Reimbursement

Direct Reimbursement is an innovative approach to self-funding employee dental benefits. It is a cost-effective way to provide dental cost assistance to employees while protecting their right to be treated by the dentist of their choice.

Under a DR plan the employee and covered dependents visit the dentist of their choice, receive the necessary treatment and pay the dentist's bill. The employee then presents a paid receipt or other proof of payment to his employer and is reimbursed for all or part of the expenses, depending on the benefit levels of the plan.

Benefits are stated as a maximum dollar limit (or a percentage thereof) per year per individual. Reimbursement is based on dollar expenditures, rather than on services incurred. Unlike conventional plans, there are no exclusions and few, if any, limitations on specific treatments.

In a DR plan, the employer assumes all of the risk for the dental care, but costs are easily predicted. The employer also becomes involved in minimal claims administration, which may or may not be desirable.

There are, however, some disadvantages to Direct Reimbursement. For example, employers do not receive an accounting of their employees' treatment. There is no formal adjudication method at employers' disposal, unless they approach the licensing body in their province. This would only be done, however, for very serious cases.

Co-Payments and Deductibles

A co-payment is the portion of the dentist's fee that the patient must pay. This involves the patient financially as a partner in good dental health and hygiene. Properly applied co-payments can be an effective method of cost containment.

A deductible is the amount the patient must pay before he receives any reimbursement from the plan. Like co-payments, deductibles reduce utilization because the first dollar paid is the deductible. This method of cost containment could affect the acceptance and success of the plan for the employee who uses it.

Co-payments and deductibles can reduce the cost of the dental plan, but should be applied with forethought and knowledge of their overall effect.

Conclusion

There are differences in costs within fee-for-service plans depending on the design of the plans and also the experience of the group purchasing the dental plan. Plans are most effective when benefits are paid on the basis of current provincial fee guides and listed procedures because this ensures the inclusion of the most up-to-date innovations and cost containment measures. Such plans help promote prevention and good oral health, and have helped Canadians obtain the best dental health in the world.

If you are introducing a new dental plan or modifying an existing plan, you can obtain additional information by contacting:

Dialogue in Dentistry
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Telephone: (TBA)

**AD HOC COMMITTEE
REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION**

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS REQUIRING BOARD ACTION

Background:

In August 1988, the Board of Governors of the Canadian Dental Association approved a series of recommendations from the Task Force on Future Planning of the CDA Council on Education and Accreditation. Two recommendations concerned with improving the financial self-sufficiency and accountability of the accreditation process (see Appendix I) led to the establishment of the ad hoc committee.

The Executive Council of the CDA Board of Governors appointed the following individuals as members of the ad hoc committee to be charged with reviewing financial support for the accreditation process:

Dr. Kevin Roach, Chairman and Executive Liaison
Dr. Bruno Martinello, Licensing Authorities
Mr. Joel Neal, CDA Director of Administration
Mr. Brian Henderson, CDA Director of Education and Accreditation

Following some preliminary staff work to identify revenues and costs (and to project these through 1991), the ad hoc committee met in Ottawa on December 16, 1988. This report presents the conclusions and recommendations arising from the meeting.

Terms of Reference:

The ad hoc committee, as directed by Executive Council, agreed upon specific terms of reference consistent with the intent of the general recommendations leading to its establishment. The ad hoc committee specified the following goals:

1. Identify current and projected revenue supporting accreditation.
2. Identify current and projected expenditures required to support accreditation.
3. Review proportionate contributions by the constituencies or groups cooperating in accreditation (including CDA and other associations, educational institutions and licensing and certifying authorities) and recommend appropriate adjustments in levels of support.

**AD HOC COMMITTEE
REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION**

- 2 -

Summary of Proceedings and Considerations:

The ad hoc committee observed that the accreditation process operates in the interest of the dental profession, dental education, certifying and licensing authorities and the general public. Ideally, every group or constituency vitally interested in the process should be contributing to its financial support. The committee felt that because of the importance of the accreditation process to the national certification of dentists (and subsequent provincial licensure of practitioners) the dental profession has a special interest in ensuring ongoing financial support. In particular, the committee noted that the benefit of NATIONAL PORTABILITY of dental qualifications (which is built upon the accreditation process) is not a benefit limited to CDA members; it is a benefit which touches every member of the dental profession.

The ad hoc committee reviewed the Statement of Revenue and Expenditure (Appendix II) in the light of this general consideration. Existing arrangements for financial support were studied and the committee noted the following:

EDUCATION: Accreditation fees have been increased for the Community College and University based programs. College based programs will now pay \$3500 per site visit in comparison to \$2500 prior to January 1 1989. University site visits involve surveys of several programs at the same time and each program will now be assessed an additional \$100. The total fee per site-visit varies with the number of programs offered by the university, but net revenue from this source will increase comparably to revenue from colleges. The ad hoc committee believes that these increases (approved by the CDA Board of Governors in August) are equitable and that further increases are not practical at this time. The Statement of Revenue and Expenditure (Appendix II) takes these increases into account. The statement also reflects the cost of operating the existing CDA Council on Education and Accreditation (with twenty percent of the cost of this council deducted to reflect its involvement with "education" as well as "accreditation").

**AD HOC COMMITTEE
REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION**

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HOSPITALS: Hospital survey fees were increased from \$350 to \$850 in 1986. The ad hoc committee believes that further increases are not sustainable at this time. CDA is exploring the possibility of integrating the accreditation process for hospital dental services within CCHFA (Canadian Council on Health Facilities Accreditation--formerly CCHA). It should also be noted that eighty percent of the cost of maintaining the Committee on Hospital and Institutional Services has been charged against accreditation for the year 1988; after 1988, the responsibility will be assumed by the Council on Accreditation and this cost is not projected beyond 1988.

C.D.A.: The Committee emphasizes that the accreditation process must continue to receive financial support from the Canadian Dental Association itself. The committee suggests that the overhead costs included in the Statement of Revenue and Expenditure represent an equitable CDA contribution and has adjusted the difference between revenue and expenditures (the shortfall or deficit in financial support) to reflect overhead expenditure as a CDA contribution. CDA's annual contribution would accordingly increase automatically with inflation.

LICENSING

AUTHORITIES: The Committee notes that the accreditation process has been substantially revised and improved in the last few years and that it continues to be a benefit that warrants special support by the dental profession as a whole. It is felt that this should be reflected by an increase in financial support from licensing authorities. The committee recommends (see summary of recommendations) that licensing body fees be increased, commencing 1990, from \$10 to \$20 per dentist, with further inflationary increases to be reflected annually thereafter.

N.D.E.B.: The National Dental Examining Board of Canada grants its certificate to current graduates of programs accredited by C.D.A. The committee believes that N.D.E.B. financial support for accreditation should increase in a fashion comparable to the increase proposed for licensing authorities. It is also felt that the N.D.E.B.'s assessment should be calculated hereafter on the basis of a specified amount

**AD HOC COMMITTEE
REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION**

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per certificate awarded. The committee is accordingly recommending (see summary of recommendations) that the N.D.E.B. be asked to increase its direct contribution to accreditation to \$36,000 effective 1990. The committee proposes that this amount be divided by the number of certificates granted in 1989 to establish a basic factor to be employed (with annual adjustments for inflation) in the calculation of subsequent N.D.E.B. funding.

OTHER BODIES: The Committee proposes that each of the dental specialty associations, the Royal College of Dentists of Canada, The Canadian Dental Hygienists Association and The Canadian Dental Assistants Association should also contribute financially on a "per certificate" basis. It is recognized that some of these bodies simply cannot contribute at present, but negotiation is encouraged with a view to a goal of financial support of \$10 per certificant. To the extent such negotiation is successful, the need for annual inflationary increases for current contributors may be reduced or eliminated.

SUMMARY OF RECOMMENDATIONS

Ad Hoc Committee on Financial Support for Accreditation

RESOLVED:

- 89.29 THAT the dental licensing bodies be requested to increase their annual grants to CDA, as of 1990, by adjusting the calculation of these grants to reflect an assessment of \$20 per licensed dentist in their respective jurisdictions.

ADOPTED

NOTE: The Affiliate Governor from Quebec abstained.

RESOLVED:

- 89.30 THAT the annual grant provided by licensing authorities be reviewed annually.

ADOPTED

NOTE: The Affiliate Governor from Quebec abstained.

AD HOC COMMITTEE
REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION

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RESOLVED:

89.31 THAT the National Dental Examining Board be requested to support an annual grant of \$36,000 commencing in 1990.

ADOPTED

RESOLVED:

89.32 THAT the National Dental Examining Board be requested to adjust this assessment annually.

ADOPTED

RESOLVED:

89.33 THAT CDA approach each of the dental specialty organizations, the Royal College of Dentists of Canada, The Canadian Dental Hygienists Association and the Canadian Dental Assistants Association with the goal of establishing annual assessments of \$10 per certificant, with assessments to be adjusted annually.

ADOPTED

Respectfully submitted,

Kevin Roach, B.Sc., D.D.S.
Chairman, Ad Hoc Committee
On Financial Support For
Accreditation

ADOPTION OF REPORT

The Board of Governors accepts the report of the Ad Hoc Committee Reviewing Financial Support for Accreditation with appreciation.

APPENDIX 1

REPORT OF THE AD HOC COMMITTEE REVIEWING FINANCIAL SUPPORT FOR ACCREDITATION December 16, 1988

RESOLVED:

88.115 THAT the goal be established to operate the Council on Accreditation on a cost recovery basis balancing expenditures against revenues provided from:

(a) LEVIES:

- Provincial Dental Licensing Authorities.
- Provincial Dental Auxiliary Licensing Authorities
- the National Dental Examining Board of Canada
- the Royal College of Dentists of Canada
- Canadian Dental Hygienists Association
and
- Canadian Dental Assistants Association
through the Council on Dental Hygiene/Dental Assisting
Certification when established

(b) SURVEY FEES:

- charged directly to colleges and hospitals
- charged to universities through the ACFD

(c) GRANTS/PROVISION OF RESOURCES:

- the Canadian Dental Association and other cooperating associations and benefactors.

CARRIED

(ACCRED)

CANADIAN DENTAL ASSOCIATION
EDUCATION AND ACCREDITATION DEPARTMENT
STATEMENT OF REVENUE AND EXPENDITURE
AS AT NOVEMBER 30, 1988

REVENUE	1988 ACTUAL (TO DATE)	1989 BUDGET	1990 BUDGET	1991 BUDGET
LICENSING BODY FEES				
Newfoundland	\$1,390	\$1,410	\$2,820	\$2,961
P.E.I.	510	470	940	987
Nova Scotia	3,760	3,630	7,260	7,623
New Brunswick	2,180	2,470	4,940	5,187
Quebec	27,700	29,470	58,940	61,887
Ontario	52,450	54,930	109,860	115,353
Manitoba	4,950	4,860	9,720	10,206
Saskatchewan	3,630	3,630	7,260	7,623
Alberta	12,865	12,710	25,420	26,691
British Columbia	19,400	18,780	37,560	39,438
TOTAL LICENSING BODY FEES	\$128,835	\$132,360	\$264,720	\$277,956
SURVEY REVENUE				
Universities (ACFD)	\$11,000	\$14,600	\$14,600	\$14,600
Colleges	25,500	19,100	19,100	19,100
Hospitals	4,800	8,500	8,500	8,500
TOTAL SURVEY REVENUE	\$41,300	\$42,200	\$42,200	\$42,200
GRANTS				
Nat'l. Dental Exam. Bd	\$18,000	\$18,000	\$36,000	\$36,000
CDA's Contribution in kind - (Overhead)	42,741	64,145	66,711	69,380
TOTAL GRANTS	\$60,741	\$82,145	\$102,711	\$105,380
TOTAL REVENUE	\$230,876	\$256,705	\$409,631	\$425,536
EXPENSES				
Accreditation Staff Salaries & Benefits	\$144,424	\$192,457	\$211,702	\$232,872
Education and Accreditation	55,936	61,686	64,153	66,720
University Surveys	33,817	39,475	41,449	43,107
College Surveys	26,068	20,000	17,000	17,500
Council on Hosp. & Inst. Services	8,402	n/a	n/a	n/a
Hospital Surveys	2,717	11,000	11,300	12,000
Task Force	11,815	0	0	0
Overhead	42,741	64,145	66,711	69,380
TOTAL EXPENSES	\$325,920	\$388,763	\$412,515	\$441,579
322				
NET REVENUE/(EXPENSE)	(\$95,045)	(\$132,058)	(\$2,885)	(\$16,042)
=====	=====	=====	=====	=====

11 X1683902

NOTES:

1. Licensing Body Fees show an increase from \$10 to \$20 in 1990 and a further increase of \$1 in 1991 representing an inflationary type increase.
2. Staff expenses represent salary and benefits for the Director of Education and Accreditation, the Coordinator of Accreditation, clerical support, and, in 1989 and beyond the Associate Director of Accreditation. (It should be noted, however, that the Director's salary has been adjusted to a reflect the time actually spent on accreditation matters, estimated at 80%).
3. Expenses related to the Council on Ed. & Accred. have adjusted to exclude the "Education" portion estimated to represent approximately 20% of the total.
4. The 1990 and 1991 expenses have been adjusted upward by a factor of 4% although actual budget numbers have not yet been published.
5. Overhead expense is based on a calculation of operating costs per square foot of space occupied by the Accreditation staff and has been adjusted in 1989 and beyond to account for the new staff member. Such expenses as telephone and other business equipment and hydro, gas, etc. are included.
6. The expenses related to the Council on Hospital and Institutional Services are included in 1988 but not beyond. The accreditation expenses previously associated with this Council have transferred to the Council on Ed. & Accred.

AD HOC COMMITTEE ON INFECTION CONTROL

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Member: Dr. John Hardie, Chairman, Ottawa
Executive Liaison: Dr. Ray Wenn, Charlottetown
Coordinator: Ms. Janice Forsythe

1. Committee Meetings

The Committee on Health Care has not met since its report to the 1988 Annual Meeting; business has been conducted by correspondence and telephone.

ITEMS REQUIRING BOARD ACTION

2. Antibiotic Prophylaxis

At the 1988 Annual Meeting, the Ad Hoc Committee on Infection Control proposed a position on antibiotic prophylaxis for ARC and AIDS patients. As instructed at the last meeting, the Committee has requested input from the Committee on Specialties, which recently endorsed this position. It is therefore brought forward to the Board for approval, as follows:

RESOLVED:

89.34 THAT the following Position on Antibiotic Prophylaxis for ARC and AIDS Patients be adopted:

"Until more information becomes available, the logical approach to antibiotic prophylaxis would appear to be:

- (a) if the patient is HIV antibody positive but otherwise asymptomatic and the dentist's judgment is that based upon the medical history (exclusive of the HIV status) and/or clinical findings, and antibiotic is justified, the dentist should prescribe the appropriate antibiotic according to established principles;

- (b) if the patient has ARC or AIDS and the dentist's judgment is that based upon the medical history (exclusive of the ARC or AIDS status) and/or clinical findings, and antibiotic is justified, the patient's attending physician should be consulted as to whether or not an antibiotic should be prescribed and, if so, which is the most appropriate."

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Implementation of the Recommendations for Infection Control Procedures

The draft implementation document was sent to all corporate members in the fall, to allow them another chance to provide formal input. All suggestions were valuable and have been incorporated into the document where appropriate. Appreciation is extended to all those who took the time to review the document.

Executive Council approved the publication of the document as a tear-out section in the CDA Journal at no cost to CDA and extends appreciation to CFDE for its financial contribution.

4. Infection Control Survey

A report of the survey performed at the 1988 CDA Convention has been completed and is attached.

APPENDIX I

5. Convention Booth

For three days during the CDA Convention, the Ad Hoc Committee manned a booth on "Infectious Talk". The concept was to encourage delegates to discuss their concerns regarding infection control. Very few dentists participated. The concerns of those who did focussed on:

- * autoclaveable handpieces
- * surface disinfectants
- * Hepatitis B vaccines

- * monitoring of sterilizers
- * specific recommendations for infection control issued by the CDA
- * mandatory infection control procedures
- * an infection control column in the Journal.

It is doubtful if the efforts and costs associated with the booth were justified, considering the lack of interest expressed by delegates. I must, however, thank those who assisted me with the booth: Dr. Ray Wenn, Dr. Elizabeth MacSween, Dr. Jack Lehrer, and Dr. Trey Petty.

6. Appointments

I have been appointed as an associate member of the FDI/WHO Joint Working Group on AIDS. Approval has been received for me to submit, on behalf of CDA, an abstract for presentation at the V International Conference on AIDS, to be held in Montreal in 1989.

7. Consumers' Association

A letter has been forwarded to the Consumers' Association of Canada in response to a patient's concerns regarding the infectious potential of dental handpieces.

8. Comment

Although the initial mandate of this Committee was completed prior to the 1988 Board of Governors Meeting, it continues to operate in an unofficial capacity. Official direction would be appreciated.

The Board of Governors wishes to thank Dr. Hardie and his Committee for their dedication in completing their mandate, and disbands the Ad Hoc Committee on Infection Control.

Respectfully submitted,

J. Hardie, B.D.S., M.Sc., FRCDC
Chairman, Ad Hoc Committee on
Infection Control

ADOPTION OF REPORT

The Board of Governors accepts the report of the Ad Hoc Committee on Infection Control with appreciation.

Infection Control Survey - 1988
A Canadian Dental Association Project

J. Hardie, B.D.S., M.Sc., F.R.C.D. (C)

Requests for reprints to:

Dr. J. Hardie,
Chief, Department of Dentistry,
Ottawa Civic Hospital,
1053 Carling Avenue,
Ottawa, Ontario,
Canada
K1Y 4E9

Preamble

The Canadian Dental Association (C.D.A.) conducted a comprehensive health screening survey of delegates to the Annual Convention in 1985. The results of the survey were presented at the 1986 Convention. The section on Infection Control was prepared in the form of an article and submitted to the Journal of the C.D.A. [1]. It was accepted as a non-scientific speciality feature item but, to date, has not been published.

Appreciating that there had been considerable publicity on transmissible diseases since 1985, the C.D.A. Ad Hoc Committee on Infection Control suggested that a repeat survey should be performed at the 1988 C.D.A. Annual Convention.

Introduction

The survey was conducted by enclosing a questionnaire on infection control practices in delegates' registration packages. The questions, apart from minor modifications, were similar to those asked in the 1985 survey. Approximately 1,200 dentists registered for the convention, and as of November 1, 1988, 93 survey forms had been returned to C.D.A. Headquarters.

The questions were designed to obtain information on:

- A - Infectious Diseases
- B - Barrier Techniques
- C - Instrument Sterilization
- D - Office Cleanliness

The following report is divided into the four alphabetical sections listed above. The first table in each section is an abbreviation of the question asked. The second table is a

summary of the results. The comments provide an analysis of the results, while the recommendations indicate appropriate actions. A review of the 1985 survey, a copy of which is attached, may simplify interpretation of this 1988 survey.

Report

A - Infectious Diseases

Table 1 - Questions

1. Have you experienced any of the following infections?
 - (a) Herpes Simplex virus
 - (b) Viral Hepatitis
 - (c) Tuberculosis
 - (d) Minor respiratory infections
ie common cold
2. If yes to the above, do you believe they were contracted via your dental office?
3. Any other illness contracted via dental office environment?

Table 2 - Answers

1. (a)	Herpes Simplex	23
(b)	Viral Hepatitis	7
(c)	Tuberculosis	1
(d)	Common Cold	87
2.	Yes	37
	Including: Herpes Simplex	6
	Viral Hepatitis	5
	Tuberculosis	1
3.	Yes	12

NOTE The 93 responses approximate 100, therefore the total numerical responses to a question will approximate the percentage figure, consequently no attempt has been made to calculate the accurate percentage figure for each response.

Comments As in 1985 [1], the answers represented subjective assessments by the dentists, nevertheless 12 stated that they had acquired other diseases from the office environment including: nail and finger infections (3), streptococcal sore throat (1), infectious mononucleosis (1), eye infection (1), severe cold (5), and stress related illness (2). It is assumed that these diseases plus the cases of viral hepatitis and tuberculosis, were confirmed by clinical and/or laboratory investigations.

In 1985 [1], 1 case of viral hepatitis was reported as compared to 7 in this survey. According to the dentists' judgement 5 of these cases were acquired via their working environment. The results confirmed that the dental office is not only a focus for transmission of relatively mild diseases but of potentially fatal infections.

Recommendations Appropriate infection control procedures must be practiced in every dental office to reduce the definite potential for the transmission of minor and major infectious diseases.

B - Barrier Techniques

Table 3 - Questions

- 1. Do you: Yes always, yes more than 50%, yes less than 50%, or no.
 - (a) Record a medical history for a new patient?
 - (b) Update this history at each recall visit?
 - (c) Wear protective gloves while treating patients?
 - (d) Use rubber dam for restorative procedures?
 - (e) Wear a face mask while treating patients?
 - (f) Wear either prescription or safety glasses while treating patients?
- 2. Have you received the Hepatitis B vaccine?

Table 4 - Answers

1.	Yes	> 50%	< 50%	No
(a)	89	3	-	1
(b)	42	33	17	1
(c)	72	6	12	3
(d)	47	21	14	11
(e)	63	7	13	10
(f)	83	6	2	2
2.				
Yes				71
No				19
No reply				2

Comments Barrier techniques are designed to protect patients and staff. This protection will not exist if their use is less than 100%.

Medical histories may not accurately reflect the infectious potential of patients, but they do assist in assessing if patients have or have had a high risk status for infectious diseases. As such, medical histories are an essential aspect of an effective infection control program. Of the responding dentists 89% (see note on % calculations above) always recorded a medical history while less than half (42%) updated this at subsequent recalls.

It is gratifying to record that the majority of dentists always use gloves (72%), masks (63%), and eyeglasses (83%). This is a dramatic increase in utilization since the 1985 survey [1] when the equivalent figures were gloves (1%), masks (10%) and eyeglasses (59%).

As stated in 1985 [1], rubber dam is an effective method of sequestering oral bacteria from the office environment. The present study demonstrates a utilization rate of 47% which is considerably better than the previous figure of 17% [1].

The survey indicates that almost three-quarters (71%) of the respondents had received the Hepatitis B vaccine. This result compares very favourably with the 1985 [1] results when only 25% had been vaccinated.

It appears as if the recommended barrier techniques are being used more appropriately by an increasing number of responding dentists.

Recommendations Although barrier techniques are more commonly used, still 21% of dentists do not use gloves with an acceptable frequency. Infection control programs must emphasize that barrier techniques are only effective when they are in place. This includes the proper use of gloves, masks, and eyeglasses; the proven beneficial effects of Hepatitis B vaccination; and the valuable information to be gleaned from a regularly revised medical history.

C - Instrument Sterilization

Table 5 - Questions

1. Indicate the type and frequency of sterilization or disinfection of the following:
 - (a) Handpieces?
 - (b) Hand instruments (explorers, amalgam condensers, etc.)?
 - (c) Surgical instruments?
2. Is there a sterilizer in the office?
3. What type is it?
4. (a) Is a biologic monitor used to test the efficiency of the sterilizer?
 - (b) If yes, please specify type and frequency.
5. Would biologic monitoring be used if such a service was readily available?

Table 6a - Answers

1. (a) Sterilization	13
After each patient	8
Two to four times per day	2
Daily	-
Other (after surgery)	1
Frequency not recorded ...	1
Disinfection	78
After each patient	71
Two to four times per day	-
Daily	1
Other	-
Frequency not recorded ...	6
(b) Sterilization	61
After each patient	51
Daily	2
Frequency not recorded ...	8
Disinfection	30
After each patient	27
Daily	-
Frequency not recorded ...	3
(b) Sterilization	91
After each patient	77
Daily	1
Frequency not recorded ...	13
Disinfection	0

Table 6b - Answers (continued)

2. Yes	91
3. Autoclave	32
Chemoclave	44
Dry Heat Oven	5
Autoclave and Chemoclave	5
Autoclave and Dry Heat Oven ..	2
Chemoclave and Dry Heat Oven .	2
Two Chemoclaves	1
4. (a) Yes	23
(b) Type unstated: each cycle	1
weekly	2
Spore tests: semi-monthly	2
monthly	4
2-4 per year	5
annually	1
Colour strips: each cycle	6
No details given	2
5. Yes	75
No	3
No reply	13

Comments The results suggest that the majority of responding dentists disinfected handpieces (71%) after each patient rather than follow the recommendations regarding sterilization. However, there has been a considerable change in practice from 1985 when no dentists reported that handpieces were sterilized after each patient. In a similar manner the majority of dentists (61%) sterilized hand instruments although (17%) of these did not follow the recommendations by sterilizing after each patient use. The majority of respondents did comply with accepted guidelines regarding the sterilization of surgical

instruments.

All dentists who replied to this series of questions (note 2 did not) indicated that a sterilizer was present in the office. Indeed a few had more than one sterilizer. Only 23% recorded that the sterilizers were regularly tested for efficiency, however the type and frequency of testing suggests that few dentists appreciated the recommended method of monitoring sterilizers. The majority 75% would use a sterilization monitoring service if it was readily available.

Although the specific question was not asked 11 dentists indicated the type of disinfectant used on either handpieces or hand instruments. The range included: gluteraldehydes, phenols, quarternary ammonium compounds, bleach, and alcohol. Brand products, dilutions and exposure times were not recorded.

It appears that since 1985 more responding dentists have not only become aware of the need but are actually sterilizing most dental instruments.

Recommendations The positive attitude towards sterilization should be encouraged. Emphasis must continue to be placed on the need to sterilize handpieces. A national monitoring service for sterilization should be established.

D - Office Cleanliness

Table 7 - Questions

1. Indicate the type and frequency of disinfecting the following:

- (a) Dental chair?
- (b) Countertops?
- (c) Instrument (bracket) table?

Table 8 - Answers

1. (a) Disinfect	89
After each patient	50
Two to four times per day ..	4
Daily	24
Other	1
Frequency not recorded	10
(b) Disinfect	91
After each patient	56
Two to four times per day ..	3
Daily	21
Other	-
Frequency not recorded	10
(c) Disinfect	90
After each patient	70
Two to four times per day ..	-
Daily	7
Other	1
Frequency not recorded	12

Comments This series of questions was asked to assess the cleanliness of the operatory. It is gratifying to record that the majority of respondents did report disinfection of working surfaces after each patient visit. This compares most favourably with the 1985 survey. While the frequency rates should be

increased in some instances, the replies suggested that the operatory might be a safer working environment than it was three years previously. The variety of disinfectants included: alcohol, phenol, bleach, gluteraldehyde, iodophore, and quaternary ammonium compound. The range suggested that users had either an individual preference, or were not sure as to the efficiency of one product versus another.

Recommendations The accepted guidelines regarding office cleanliness must continue to be promoted. A National Standard for Disinfectants would permit dental personnel to make an unbiased judgement on appropriate disinfectants without having to assess the claims of prejudiced manufacturers and distributors.

Specific Comments

Four dentists supplied additional comments. In general these concerned the need for simple guidelines on infection control and its implementation, and an update on disinfectants especially those approved by the C.D.A..

One dentist did include a page of concerns. The theme was that hospital based or central clinics should be established for "high risk" patients. The dentist appreciated that this would not prevent undiagnosed carriers from being treated in private offices. The respondent further suggested that legislation on infection control would be necessary to prevent "carriers" transmitting disease in private practices, and that such legislation would not be implemented until a terminal infection had been proven as having been acquired via infection from the dental office.

Conclusions

The less than 10% response to the survey is unfortunate.

The results indicate a greater compliance to accepted recommendations than was apparent after the 1985 survey, however it is not possible to extrapolate from the minimal returns that this trend is typical of the majority of delegates attending the Convention or of Canadian dentists. It is feasible that only those with an active interest in infection control or who believed that they were adhering to current recommendations completed the questionnaire. Thus any mood of cautious optimism must be balanced by the statistically insignificant nature of results.

The responses do indicate that there remains a number of dentists who are either not familiar with current guidelines or, for a variety of reasons, choose not to practice modern infection control techniques. It is obvious that education is still required in the areas of: proper barrier precautions, handpiece sterilization, and sterilizer monitoring. Information on effective disinfectants, and the establishment of a national sterilizer testing program, would appear to be needed projects. Articles, education courses, and guidelines must continue to stress that 100% of all active dental personnel should receive a Hepatitis B vaccination.

The profession and the public share concerns regarding the spread of infectious diseases from the dental office environment. To address doubts or questions in a logical, justified manner it is necessary to know what is the present state of infection control. The 1985 and 1988 surveys have provided minimal information. A national survey mechanism should be developed

which will continue to monitor the trends in the prevention of infectious disease transmission as practiced by the family dentist.

Addendum

The author of this report has, since its completion, been in receipt of a survey titled "Dental Infection Control Practices in Calgary, Alberta, 1987" [2]. Similar questions in the 1988 C.D.A. Survey and the Calgary Survey produced similar responses among the respondents. For example, comparable results were obtained for: glove use, instrument sterilization, and use of disinfectants. This suggests that the C.D.A. Survey results may reflect a national trend, however it is also possible but unlikely that all 93 dentists who completed the C.D.A. Survey had previously participated in the Calgary study.

References

1. Hardie, J., and Blahut, P. Infection Control in the Dental Office: The Canadian Dental Association Health Screening Project. (Unpublished)
2. Abrams, R., Gill, M.J., and McGowan, R. Dental Infection Control Practices in Calgary, Alberta 1987. (Unpublished)

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. D.E. MacFarlane, Chairman - Vancouver
Dr. W. Bedford, Ottawa
Dr. K.C. Bentley, Montreal
Mrs. P. Johnson, Willowdale
Dr. R. Salois, Sherbrooke
Rev. R. Thomas, Scarborough

Coordinator: Mrs. S. Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Strategic Plan for the Professional Resource Planning in Canada

Goal

To establish an ongoing Committee activity which will monitor this multi-facetted problem, and provide the impetus for the research of those components which will provide the data required for sound planning decisions for both the near term and into the future.

- 1) To establish a model of the existing professional resource in dentistry, the population data, the demand data, and how the professional time is currently being deployed.
- 2) To make projections of the changes that can be expected in demand in disease patterns, taking into account the changing demographics of the Canadian population.
- 3) To utilize this model to predict professional resource requirements into the near future. The professional resource needs include dentistry, dental hygiene and dental assistants - all dental personnel who deliver care directly.
- 4) This model should be updated on an annual basis, checking the real changes against those predicted in the model, creating a fine tuning of the model and greatly improving its reliability.

- 5) This model will then be able to be utilized to predict not only the need to downsize manpower, but also if increases are required.

Comments

The components that were built into the first effort in modelling were the following:

- Population data;
- Procedure frequency data (from the provinces of British Columbia, Manitoba, and Nova Scotia);
- A Delphi exercise by representatives of the faculties of dentistry in Canada to project changes in disease patterns due to prevention and changes in the age mix of the population. It looked only at dentists.

The following are the types of things that need to be done.

- a) Ongoing procedure frequency study.

A number of the provinces conduct such studies on a regular basis utilizing R.K. House & Associates. It may be possible to have Dr. Zakariasen act as a consultant with Dr. House in order to collaborate the process and the reliability of the data.

- b) The population numbers and needs.

An examination is required of the dental health of the population, whether people are regular or sporadic users of oral health care, and their attitudes about their dental health. In this survey, we need to know if individuals are non-users and why they are non-users. Is it due to accessibility of care? Is it due to cost, to fear or because they don't rate dental health high in their priorities. If they are sporadic users, why, and the same basic questions will be asked.

- c) The Delphi exercise should be re-examined to see if the estimates of changes and expectations of disease patterns, etc. were correct.

- d) We need to build in data to study the numbers of specialists, dental hygienists and inter-oral dental assistants; to look at how auxiliaries are being utilized and at any changes in their utilization patterns.

- e) We need to look at the requirement for people in dentistry.
 - 1) To move into academia, doing research, teaching or administration.
 - 2) To look at the needs in public health.
 - 3) To look at the needs in the specialties.
- f) We need to look at demand. Is it changing? Can we predict any changes as a result of dental awareness and other public dental education. We need to look at government plans, whether there are any plans to cancel existing programs or to begin new programs. We need to look at the effects that the economy has on demand and on general education levels.

There are two proposals before the Professional Resource Utilization Committee, one by Dr. K. Zakariassen for an independent procedure frequency study, and one by Dr. G. Thompson and group regarding a national epidemiological study. Both of them require funding if they are going to be approved.

Respectfully submitted,

Don E. MacFarlane, Chairman
Professional Resource
Utilization Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Professional Resource Utilization Committee with appreciation, and notes that the Executive Council authorized \$2,000. for Dr. Zakariassen to consult on the collaboration referred to in item (a) above; and \$7,000. to fund one meeting of the group for a national dental epidemiological study, provided that government funding is committed to the latter.

ROLES AND RESPONSIBILITIES

REPORT TO THE 1989 CDA INTERIM BOARD OF GOVERNORS

Member: Dr. Kevin L. Roach, Chairman - Pembroke

Mr. Brian Henderson, Director of Education and Accreditation

ITEMS REQUIRING BOARD ACTION

COMMITTEE ON COMMUNITY AND INSTITUTIONAL DENTISTRY TERMS OF REFERENCE

INTRODUCTION

Recent developments present a logistical basis for creation of a Committee on Community and Institutional Dentistry.

Part of the responsibility of the Committee on Hospital and Institutional Services (the accreditation process for Hospital Dental Services) has been transferred to the Council on Education and Accreditation. A small Committee on Health Care has replaced the Council on Health Care. It would clearly be convenient to integrate these trimmed Committees into a single slightly larger Committee with an appropriate mandate.

More important, however, is the fact that there are philosophical reasons for such an integration. These were recognized by the Task Force on Future Planning in its recommendation to create a Committee on Community and Institutional Dentistry.

Philosophically, both existing Committees are concerned with monitoring developments in dental practice in particular settings and with responding to these developments and the related needs of practitioners with guidelines or other resources.

Many of the areas of concern are common to both existing Committees. Subjects like infection control, dental implants, general anaesthesia, occupational hazards etc. have been discussed at both groups. Because of such overlapping concerns, there has occasionally been confusion about which existing Committee should be dealing with particular subjects.

Both existing Committees have also had to relate to the Dental Specialties and other groups, including physicians and hospital administration (especially in the context of hospital dentistry).

The proposed representation from the Canadian Hospital Association could bring certain advantages. The practice of Dentistry in institutional settings is growing, and representation from the Canadian Hospital Association would provide appropriate input on some issues and would assist the CHA to come to grips with the interests and needs of institutional Dentistry.

Representation from the medical profession might be worth considering as it would likewise provide for specialized input and increased understanding. It might even be possible to seek a representative such as a member of the Canadian Medical Association Council on Health Care, so that there is input on the wider range of health issues of current interest. Such representation is not included in the draft but could be added if seen fit.

The proposed new Committee should primarily provide a single focus concerned with the practice of dentistry in both the community and hospital settings and develop resources appropriate to the needs of both settings. The new Committee would best fit within the new CDA Committee structure as a Committee of the Board, with representatives chosen with attention to geographical representation as well as the other qualifications identified. In this context the following Terms of Reference are presented as a basis for discussion.

APPENDIX I

Respectfully submitted,

Kevin L. Roach, Chairman
Roles and Responsibilities

ADOPTION OF REPORT

The Board of Governors agrees with the Terms of Reference and membership for the Committee on Community and Institutional Dentistry.

The Board of Governors accepts the report of the Ad Hoc Committee of Roles and Responsibilities with appreciation.

**TERMS OF REFERENCE
COMMITTEE ON COMMUNITY AND INSTITUTIONAL DENTISTRY**

MEMBERSHIP

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada and shall consist of 8 members plus Executive Liaison, as follows:

- . 2 general dental practitioners
- . 1 oral and maxillofacial surgeon
- . 1 oral pathologist/biologist
- . 1 representative of public health dentistry
- . 1 representative of pediatric dentistry
- . 1 representative of dental auxiliaries
- . 1 representative of the Canadian Hospital Association
- . Executive Liaison

TERMS OF REFERENCE

1. To foster and encourage by appropriate means all methods of reducing and preventing oral disease.
2. To monitor and review developments in dental practice within institutions as well as the wider community.
3. To develop guidelines and resources to assist practitioners in both settings to respond to new developments and to practice safely, efficiently and professionally.
4. To work in cooperation with other CDA Committees, dental practitioners, the dental specialties, hospital administration and the medical profession as required to monitor developments and produce guidelines and resources.
5. To advise the CDA Board of Governors on issues related to the practice of dentistry within institutions as well as the wider community.
6. To act upon any related matters that may from time to time be assigned by the Executive Council.

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. M.J.R. Leitch, Kelowna
Dr. R.R. Schiewe, Thunder Bay
Mr. A.J. Neilson

Executive
Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Mrs. S. Deziel

1. Council Meeting

Since the 1988 Annual Meeting of the Board all items requiring action were handled through written correspondence and a Conference Call which took place on December 22, 1988.

ITEMS REQUIRING BOARD ACTION

At the 1988 Annual Meeting of the Canadian Dental Association Board of Governors, directions were provided to the Council on Constitution and By-Laws for implementation within the Canadian Dental Association Constitution and By-Laws. Since the Annual Meeting, one further direction was received from Executive Council. All items were received by your Council and the following amendments are recommended.

2. Financial Responsibility

At an earlier date, the Council on Constitution and By-Laws had requested that consideration be given to incorporate coverage of expenses for Chairmen of Committees as well as Chairmen of Councils within the By-Laws of the Association. At that time, the Executive Council took the Council's recommendation under consideration and have now requested your Council to proceed with the change.

RESOLVED:

89.35 THAT Article VIII, section 13 (b), Financial Responsibility, be approved as amended.

APPENDIX A

ADOPTED

3. Executive Council - Composition

Concerns were raised at the 1988 Annual Meeting, regarding the Executive Council members province of residence. This concern was reviewed by your Council.

RESOLVED:

89.36 THAT Article IX, Section 2, Executive Council - Composition, be approved as amended.

APPENDIX B

ADOPTED

4. Separation of the Council on Education and Accreditation

Resolution of the Annual Meeting.

88.109 THAT the current CDA Council on Education and Accreditation be disbanded and that a Council on Accreditation, with membership and terms of reference as presented, be established, and

THAT a CDA Council on Education with membership and terms of reference, as presented, be established, and

THAT the Council on Constitution and By-Laws prepare the necessary by-law amendments.

ADOPTED

RESOLVED:

89.37 THAT Article XVI, Section 1 (a) Council, be approved as amended.

APPENDIX C

ADOPTED

RESOLVED:

- 89.38 THAT Article XVI, Section 4 (b), Council on Education, be approved as amended.

APPENDIX D

ADOPTED

RESOLVED:

- 89.39 THAT Article XVI, Section 4 (c), Council on Accreditation, be approved as amended.

APPENDIX E

ADOPTED

RESOLVED:

- 89.40 THAT Article XVI, Section 4 (c), Council on Insurance and Investment, be renumbered to Section 4 (d).

APPENDIX F

ADOPTED

Comments

Your Council wished to express their concerns regarding the timing and deadline for nominations for the Council on Education and the Council on Accreditation. It was the opinion of your Council that the Committee on Nominations, Awards and Trusts could be asked to assist in the administration of this process.

5. Housekeeping - Article XI, Section 2, Roles and Responsibilities of the President

RESOLVED:

- 89.41 THAT Article XI, Section 2, Roles and Responsibilities of the President, be approved as amended.

APPENDIX G

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. Members of Council acknowledge with appreciation the cooperation of Dean A. Schwartz, for his comments during the preparation of the amendments pertaining to the Council on Education and Accreditation.
7. Since appreciation is also extended to Mrs. Sandra Deziel, Mrs. Suzanne Burton and other members of the Canadian Dental Association staff for the contributions they provided to your Council.

Respectfully submitted,

G.H. Peacock, D.D.S.
Chairman,
Council on Constitution
and By-Laws

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Constitution and By-Laws with appreciation.

APPENDIX A

CURRENT

Article VIII, Section 13 (b)

The Association shall assume reasonable expenses for the Chairman of the Board of Governors, the appointed officials and the chairman of councils to attend sessions of the Board of Governors.

PROPOSED

Article VIII, Section 13 (b)

The Association shall assume reasonable expenses for the Chairman of the Board of Governors, the appointed officials and the chairmen of councils **and committees**, as authorized by Executive Council, to attend sessions of the Board of Governors.

CURRENT

Executive Council

Article IX, Section 2 - Composition

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan-Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia,
P.E.I. and Newfoundland

PROPOSED

Executive Council

Article IX, Section 2 - Composition

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practices the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan-Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia,
P.E.I. and Newfoundland

APPENDIX C

CURRENT

ARTICLE XVI, Section 1

(a) Councils

Executive
Constitution and By-Laws
Education and Accreditation
Insurance and Investment

PROPOSED

ARTICLE XVI, Section 1

(a) Councils

Executive
Constitution and By-Laws
Education
Accreditation
Insurance and Investment

CURRENT

ARTICLE XVI, Section 4 Terms of Reference for Councils

(b) Council on Education and Accreditation

The Council on Education and Accreditation shall consist of seventeen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
- (3) One person nominated by the Council on Student Affairs.
- (4) Two persons from nominations of the Registrars, by the Conference of Provincial Dental Licensing Authorities.
- (5) Two persons from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
- (10) One person appointed by the Canadian Dental Assistants' Association.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group. The election or appointment to Council is for a three year term.

The Council on Education and Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

The Council on Education and Accreditation may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership for the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education and Accreditation:

- (i) to give study to all matters relating to dental education.
- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of creditable postgraduate and graduate programs.
- (vi) to approve the didactic elements of hospital and institutional internships in accordance with requirements approved by the Board of Governors, when such hospital and institutional internships are components of creditable dental service programs.

- (vii) to co-operate where appropriate with the Council on Hospital and Institutional Services in the undertaking of joint surveys of hospital and institutional dental services.
- (viii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (ix) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

PROPOSED

ARTICLE XVI, Section 4 Terms of Reference for Councils

(b) Council on Education

The Council on Education shall consist of eleven members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) One person, being a dental assistant, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations of the Royal College of Dentists of Canada.
- (9) One lay person from nominations of the Council on Accreditation.

The President of the Canadian Dental Association on recommendation of the Executive Council shall annually appoint a member of Executive Council who shall act as the Executive Liaison.

The Chairman of this Council on Education shall be a member of the Council and appointed annually by the President of the Canadian Dental Association on the recommendation of Executive Council.

Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Education.

The Council on Education may recommend to the Executive Council the appointment of consultants or advisors and make recommendations as well on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Canadian Dental Association's Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation.

It shall be the duty of the Council on Education:

- i) To give study to all matters relating to dental, dental specialty and dental auxiliary education.
- ii) To develop positions and make recommendations to the Canadian Dental Association Board of Governors on issues related to dental, dental specialty and dental auxiliary education.
- iii) To serve through the Canadian Dental Association Board of Governors as a resource assisting corporate members, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, and/or provincial licensing bodies with respect to dental, dental specialty and dental auxiliary education.
- iv) To study and make recommendations in the field of Continuing Education as it relates to dentistry.
- v) To foster the development of conferences and resources of benefit to the field of dentistry and dental, dental specialty and dental auxiliary education.
- vi) To advise the Council on Accreditation on issues of mutual interest.

The Council on Education shall have the power to appoint committees and sub-committees as it shall deem expedient.

PROPOSED

ARTICLE XVI, Section 4 Terms of Reference for Councils

(c) Council on Accreditation

The Council on Accreditation shall consist of fourteen members. In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) A lay person appointed by the Council on Accreditation

The Chairman of the Council on Accreditation shall be elected from among the members of the Council in the following fashion: Any two members of Council may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations, Awards and Trusts. The Canadian Dental Association Committee on Nominations, Awards and Trusts will employ a secret ballot of the Council on Accreditation if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

The term of office for the Chairman of the Council on Accreditation shall be two (2) years, renewable once by election. Election to Council shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Council on Accreditation.

The Council on Accreditation shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this Council shall be subject to the approval of the Council on Accreditation and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Council on Accreditation.

It shall be the duty of the Council on Accreditation:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, dental auxiliaries, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and dental auxiliaries by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;

- e) cooperating with organizations representing dental auxiliaries, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for dental auxiliaries.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Council on Accreditation shall have the power to appoint committees and sub-committees as it shall deem expedient.

APPENDIX F

CURRENT

ARTICLE XVI, Section 4 Terms of Reference for Councils

(c) Council on Insurance and Investment

APPENDIX F

PROPOSED

ARTICLE XVI, Section 4 Terms of Reference for Councils

- (d) Council on Insurance and Investment

APPENDIX G

CURRENT

Article XI - Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (h) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (l) shall appoint the Chairman of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.
- (m) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (n) shall succeed to the office of the Past-President.

APPENDIX G

PROPOSED

Article XI - Section 2 - Roles and Responsibilities of the President

- (a) shall be the Chief Elected Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (c) shall be the chief spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council.
- (e) shall be a member of the Management Committee.
- (f) shall serve as ex-officio member of all councils and committees of the Association.
- (g) shall report to all meetings of the Board of Governors and Executive Council.
- (h) shall make interim appointments to fill vacancies existing in all Councils and Committees.
- (i) shall be responsible for appointing special committees when necessary, in consultation with, and with the concurrence of, the majority of the membership of the Management Committee.
- (j) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (k) shall sign official documents when required.
- (l) shall delegate his responsibilities for appropriate action when he is unable to fulfill some.
- (m) shall appoint the Chairman of all Councils and Committees as well as the Executive Liaison to the same, immediately following the Annual Meeting of the Board of Governors.

- (n) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (o) shall succeed to the office of the Past-President.

COUNCIL ON EDUCATION AND ACCREDITATION

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Council Members: Dr. A. Schwartz, Chairman, Winnipeg
Dr. M. Boyd, Vancouver
Dr. W. Burgman, Kirkland Lake
Dr. H. Dick, Edmonton
Dr. B. Graham, Halifax
Dr. L. Harder, North Battleford
Dr. A. LaBounty, Kelowna
Dr. J. Main, Toronto
Ms. K. MacDonald, Halifax
Dr. E. McIntyre, Edmonton
Mrs. M. Paquin, Vancouver
Dr. K. Pownall, Toronto
Ms. J. Robarts, Welland
Dr. M. Schildkraut, Montreal
Dr. G. Thompson, Edmonton
Dr. J. Thompson, Saint John

Absent: Dr. R. Salois, Sherbrooke

Executive Liaison: Dr. Raymond Wenn, Charlottetown

Observers: Dr. M. Santangelo, ADA Council on Dental Education

Staff: Mr. Brian Henderson, Director of Education and Accreditation
Mrs. Lorraine Emmerson, Coordinator of Accreditation

1. Council Meetings

The Council on Education and Accreditation met on October 24th and 25th, 1988. Committees No. 1 & 2 met on the morning of October 24th and a Closed Session of Council was concluded by 12 noon. The remainder of the time available was devoted to the Open meeting of Council.

2. This report is informational in nature and no items are presented for Board action at this time.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. (a) Follow Up on Task Force on Future Planning

RESOLUTION 88.106 - THAT the accreditation process no longer be applied to educational programs preparing Level I (extra-oral) Dental Assistants.

This has been accomplished. Resolution 88.106 is also being addressed by a joint effort of the CDAA and Director of Accreditation. The Provincial Licensing Authorities have been asked to encourage the development of a national certification examination for Level I (extra-oral) Dental Assistants. The Director of Accreditation has been requested to proceed with the development of a national competency profile for Level II Dental Assistants.

RESOLUTION 88.107 - THAT the Canadian Dental Association (in cooperation with the appropriate bodies) consider establishing an ad hoc committee charged with reviewing current arrangements for provincial recognition of dental specialists across Canada (including the roles of the RCDC and the NDEB in this regard) and making recommendations on how a more unified and consistent approach to recognition of dental specialists might be developed, and THAT parties bear their own expenses.

Council on Education and Accreditation presented a recommendation on the formation of this committee to the Executive Council of the CDA Board of Governors. Executive Council has approved the establishment of a committee with the following membership:

Chairman, Dr. Arthur Schwartz
Members,
Dr. James Wright (Chairman Committee on
Dental Specialties)
Dr. Henry Dick (National Dental Examining
Board)

Dr. Rod Moran (Royal College of Dentists of Canada)
Mr. Brian Henderson (Director, Education and Accreditation)
Representative (Provincial Licensing Authorities)

RESOLUTION 88.109 - THAT the current CDA Council on Education and Accreditation be disbanded and that a Council on Accreditation, with membership and terms of reference as amended, be established and,

THAT a CDA Council on Education with membership and terms of reference, as presented, be established, and

THAT the Council on Constitution and By-laws prepare the necessary by-law amendments.

This is underway.

RESOLUTION 88.110 - THAT the Council on Education and Accreditation invite representatives from CDA, NDEB, CDHA and CDAA to discuss means of establishing a Council on Dental Hygiene/Dental Assisting Certification along the lines proposed with the understanding that parties would fund their own representative.

The Council on Education and Accreditation will be pursuing this initiative in 1989. It was decided that the first meeting of such a council should await further progress arising from discussion of the Canadian Dental Assistants Association and the Provincial Licensing Authorities.

RESOLUTION 88.111 - THAT CDA Board of Governors give consideration, (in view of proposed transferral of Council on Hospital and Institutional Services responsibilities for accreditation to the Council on Accreditation) to merging the Council on Hospital and Institutional Services and the Committee on Health Care to form a Council or Committee concerned with Community and Institutional Dentistry.

Draft terms of reference have been prepared and circulated for discussion under the authority of Dr. Kevin Roach in his capacity as the member of the CDA Executive Council overseeing Roles and Responsibilities.

RESOLUTION 88.112 - THAT, in cooperation with provincial associations, CDA contact Ministries of Health and Education in each province to express opposition to the involvement of non-accredited commercially mounted educational programs in the preparation of intra-oral dental auxiliaries and present a detailed rationale illustrating the basis for such opposition, and THAT the Director of Education and Accreditation prepare the necessary letter.

The letter has been prepared by the Director of Education and Accreditation and forwarded to provincial licensing authorities for review and direction with regard to specific recipients.

RESOLUTION 88.113 (a) THAT the initial period of accreditation for a new program with FULL APPROVAL be three (3) years and that subsequent terms of accreditation for programs with FULL APPROVAL be for seven (7) years.

This policy has been introduced. The Council on Education and Accreditation will adjust the terms of approval of programs currently approved on the basis of a complete review to be conducted at the June 1989 meeting of Council.

RESOLUTION 88.114 - (a) THAT the per diem for an accreditation survey be increased from \$150 to \$175 per day.

(b) THAT the increases in accreditation survey fees (outlined in Appendix 1) for educational programs paying through A.C.F.D. be implemented as of January 1, 1989.

This has been done.

RESOLUTION 88.115 - THAT the goal be established to operate the Council on Accreditation on a cost recovery basis balancing expenditures against revenues provided from: (a) LEVIES: - Provincial Licensing Authorities; Provincial Dental Auxiliary Licensing Authorities; the National Dental Examining Board of Canada; the Royal College of Dentists of Canada; the Canadian Dental Hygienists Association and Canadian Dental Assistants Association through the Council on Dental Hygiene/Dental Assisting Certification when established; (b) SURVEY FEES: - charged directly to colleges and hospitals; charged to universities through the ACFD; (c) GRANTS/PROVISION OF RESOURCES: - The Canadian Dental Association and other cooperating associations and benefactors.

RESOLUTION 88.116 - THAT the Canadian Dental Association through the Council on Accreditation provide annual statements of revenue and disbursements related to accreditation to all consistencies represented on the Council.

RESOLUTION 88.117 - THAT an ad hoc committee be struck to advise on and assist the successful implementation of all recommendations related to financial support of the Council on Accreditation and to propose further initiatives required to this end.

Resolutions 88.115-116-117 - Dr. Kevin Roach has been named the Chairman of the Ad Hoc Committee Reviewing Financial Implications of the Task Force Report. Other members include Dr. Bruno Martinello, Edmonton, Mr. Joel Neal, Director of Administration CDA and Mr. Brian Henderson, Director Education and Accreditation. The first meeting of this Committee will take place in December. The Committee will report to the June 1989 Council meeting.

(b) Progress Report: Committee on Documentation

At Council's request the Committee on Documentation reviewed a recommendation from the CDA Board of Governors that accreditation requirements for oral and maxillofacial surgery programs be revised to include a requirement for program directors to either hold

fellowship in RCDC or to acquire fellowship within two years of appointment. The Committee has reported that current requirements encourage such qualification but do not make it obligatory. The Committee also noted that it would be necessary to revise accreditation requirements for each of the other dental specialties to ensure consistency of standards. Council directed that the Documentation Committee be thanked for their efforts and that no further action be taken on the suggested revision.

The Committee on Documentation also reported that the Clinical Outcomes Review and Evaluation Program is being reviewed as requested and that documentation is being circulated to Canadian Faculties of Dentistry for review and comment.

(c) CDA Input re ADA Revision of Specialty Accreditation Requirements

A letter from the ADA concerning the method followed in the revision of accreditation standards for advanced education programs was presented to Council for information along with a summary prepared by Mr. Henderson. The Council was in agreement that it would be advantageous if Canadian representation could be included on U.S. Specialty Committees undertaking the preparation of revised accreditation requirements prior to their submission to the ADA Commission. However, the only action within the discretion of the CDA Council on Education and the ADA Commission on Accreditation at the present time might be a joint letter to encourage such participation. Mr. Henderson and Dr. Santangelo agreed to discuss the matter of a joint letter.

Council directed Mr. Henderson to collect and pass on all information relating to proposed changes in specialty requirements received from American specialty societies to the corresponding Canadian Associations. The responsibility for financial support for Canadian representatives to preliminary meetings of specialty societies considering changes to existing requirements should be that of the concerned Canadian specialty society.

(d) Nominating Committee Report

Council approved the following membership of Committees 1 and 2 (Council had not been able to appoint members to Committees 1 and 2 at the June meeting as the membership of the new Council was not complete at that time):

Committee No. 1

Dr. G. Thompson, Chairman
Dr. R. Brooke
Dr. A. Fletcher
Dr. L. Harder
Dr. A. LaBounty
Dr. J.H.P. Main
Dr. M. Shildkraut
Dr. J. Thompson

Committee No. 2

Dr. B. Graham, Chairman
Dr. H. Dick
Ms. M. Forgay
Dr. M. Lasko
Mrs. M. Paquin
Miss J. Robarts
Dr. G. Rocky
Dr. R. Salois

(e) Report of the 1988 CDA Teaching Conference

The 1988 CDA Teaching Conference was held in Montreal on June 17 and 18, 1988. Dr. Guy Boyer of the University of Montreal coordinated the conference which was on the subject of Continuing Education in Dentistry. All participants agreed that the conference provided an excellent opportunity to review problems and questions in the field of continuing education and expressed the hope that further such opportunities might be available in future. A detailed report on the conference is available from the accreditation secretariat.

(f) 1989 Teaching Conference

Dr. Bruce Graham, Dalhousie University has agreed to be the Conference Chairman for the 1989 Teaching Conference to be entitled "Ethics and Professionalism in the Dental Undergraduate Program".

(g) Retirement of Members of Council

The Chairman of Council expressed thanks on behalf of Council for the contributions of several members of the Council on Education and Accreditation who retired as of the October 1988 meeting: Dr. Ken Pownall, Dr. Marcia Boyd, Dr. Ed. McIntyre, Dr. Bill Burgman, Dr. Michel Jahjah and Ms. Kate MacDonald.

The Chairman expressed his thanks to the observers who had attended this Open Session of Council, as well as to the public representative to Council Ms. Jackie Robarts, along with Dr. Mario Santangelo and Dr. Ray Wenn for their consultation and guidance during the two days of deliberations.

Appreciation was also expressed to Mr. Brian Henderson, Director of Accreditation and Mrs. Lorraine Emmerson, Coordinator of Accreditation for their efforts on behalf of Council during the year.

(h) Programs Surveyed during Winter term, 1987-88

Dalhousie University - DDS/DMD Program
Dalhousie University - Graduate Program in Oral
& Maxillofacial Surgery
Dalhousie University - Postgraduate Periodontics
Program
Laval University - DMD Program
Laval University - Oral Surgery Program
University of Manitoba - DMD Program Progress
Report
Cégep Maisonneuve - Dental Hygiene
Cégep Edouard-Montpetit - Dental Hygiene
Cégep Trois-Rivières - Dental Hygiene
Dalhousie University - Dental Hygiene

Vancouver Vocational Institute - Dental Hygiene
Vancouver Vocational Institute - Dental
Assisting
Saskatchewan Institute of Applied Science &
Technology (Formerly Wascana Institute) - Dental
Hygiene
Fraser Valley College - Dental Assisting
East Kooteney Community College - Dental
Assisting

Respectfully submitted

Dr. Arthur Schwartz, Chairman
Council on Education
and Accreditation

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Education and Accreditation with appreciation.

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors are:

Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. B.H. Dolansky, Ontario
Dr. G. Dubé, CDA
Dr. D. Montminy, Quebec
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario
Dr. J.N. Wright, CDA
Dr. G.S. Zwicker, Atlantic Provinces

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, President, Burlington
Dr. R.L. Moran, Treasurer, Toronto
Dr. M.D. Charendoff, Secretary, Toronto

Observers at the CDSPI Board are:

Dr. D.W. Allen, Prince Edward Island
Dr. C.R. Hill, Saskatchewan
Dr. R. Sexton, Newfoundland
Dr. R.A. Turcotte, New Brunswick

This report includes all items of business which require Board action and also all information which has become available since the 1988 Annual Meeting of the CDA Board of Governors in Edmonton.

ITEMS REQUIRING BOARD ACTION

1. Change in Life Policy - Advance to be Paid Immediately After Death of Insured

When Metropolitan Life commenced administration discussions, they indicated that they would like to offer a flat \$10,000 advance payment (or the maximum of the policy, if less). Since this doubled the previous Imperial Life advance payment, the offer was accepted.

CDA Board approval is necessary because this is a change in a policy provision.

An added benefit is that the transfer of funds takes place by an automatic bank transfer rather than the issue of a cheque to the beneficiary. This permits the bereaved to write cheques without endorsing and depositing the cheque.

RESOLVED:

- 89.42 THAT an advance of \$10,000, or a maximum of the life policy if less, be permitted to a named beneficiary under the CDIP Life Plan if such is requested.

ADOPTED

2. LTD/Office Overhead Expense Benefit Payments Out of Surplus

As a result of a special CDSPI Board of Directors' Meeting attended the CDA Management Committee on February 25, 1989, in Toronto, the following motions were presented and passed.

RESOLVED:

- 89.43 WHEREAS the Board of Directors of CDSPI supports the principle that late claimants denied benefits by Imperial Life should have their claims paid; the Board of Directors of CDSPI recommends to the CDA that these claims be submitted to Metropolitan Life for adjudication with regard to the validity of the disability with appropriate recommendations coming to CDSPI. CDSPI will then decide which claimants will receive benefits.

ADOPTED

RESOLVED:

- 89.44 THAT in the event that the claims experience exceeds available resources in the LTD/Office Overhead plans of CDIP, an additional premium may be required from the policy holder. Should this occur, the Council on Insurance and Investment recommends to the CDA, that the CDA pay the required premium funds to CDSPI, who will pay it to Metropolitan Life in the usual manner. It is understood that any legal action against Laurentian Imperial by CDSPI or CDA will not be precluded.

ADOPTED

NOTE: The two Governors representing the corporate member in Quebec and the Affiliate Governor from Quebec opposed this motion.

The Board of Governors agrees and further directs that if these funds are required, that they be obtained as a formal loan from the CDIP life plan surplus fund. It is clearly understood that the reasons for doing this are as follows:

1. it is in the interests of the participants in all of the CDIP plans, including the participants in the CDIP life insurance plan, that funds be made available to permit all valid claims denied by Imperial Life under the CDIP disability insurance policy to be paid by Metropolitan Life since leaving the claims unpaid will result in unfavourable and damaging publicity about CDIP as a whole;
2. the Executive Council is satisfied that satisfactory arrangements can be made to ensure that any loan which may be required will be repaid in a timely fashion with interest equivalent to the interest that the loaned funds would have earned if they continued to be held in the CDIP life plan reserve;

3. consideration has been given to having CDSPI provide funds for any required loan and the CDSPI Board of Directors has concluded that it is questionable whether CDSPI will have the necessary funds available and that in any event the making of any such loan could put at risk CDSPI's status as a tax-exempt corporation;
4. consideration has also been given to obtaining any required loan from a financial institution and the Executive Council has concluded that this alternative would be more costly than the other available alternatives; and
5. on the basis of these considerations, the Executive Council has concluded that the CDIP Life Plan surplus fund is the most desirable source of funds for any loan required for the payment of any premium payable to Metropolitan Life in respect of the claims in question.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Benefit Plans Tendering

At the meetings held in Edmonton, a joint meeting of the CDSPI Board and the CDA Executive Council took place to consider the final tendering report.

The CDSPI Board and the Executive Council passed Motions relating to the selection of Metropolitan Life as the CDIP carrier. It is our understanding that the Motion passed by the Executive Council is contained in the Executive Council report of this Board Book.

Acceptance of the move to Metropolitan by the profession at large has been gratifying. As of the date of this report, 93.3% of Life Plan participants have signed applications to continue their CDIP Life coverage through Metropolitan Life. There were concerns expressed by a number of members with regard to Metropolitan's involvement in a capitation plan and the CDA responded to these participants with as much information as possible. This has been a difficult period for all of those involved in this process and there have been stresses placed on relationships which I am hopeful will be alleviated in the next month.

To summarize some of the financial advantages of moving to Metropolitan, we attach as Appendix A copies of letters from our consultant which highlight for your information critical points.

APPENDIX A

2. Eligibility

At the present time, individuals are eligible for the insurance plans if at the time of application they hold a current membership in either the national or provincial association. The loss of eligibility occurs when testing for eligibility is done and an individual is found to have allowed either their membership in the national or provincial organization to lapse (some special circumstances exist regarding those in Ontario and Quebec). At present, an individual who has lost their eligibility has their coverage frozen. They can neither benefit from any additions, nor can they increase their coverage.

It was felt that the present system did not adequately deal with the problem of loss of eligibility and, as such, several proposals were discussed. It was finally decided that pending a favourable opinion from our lawyers, the following Motion was carried:

THAT the Management Committee bring forward a proposal to the CDSPI Board at the next meeting so that on January 1, 1990, non-eligible participants in CDIP Plans can be assessed a non-eligible participant surcharge over CDSPI's regular administrative fees. The amount of this surcharge should approach CDA Membership fees then in effect.

3. CDA RSP Fund Monitoring

As the CDA Council on Insurance and Investment, CDSPI has approved the implementation of a Fund monitoring system which will provide help in the evaluation of Fund Manager performance. Further, a sophisticated monitoring process of the Money Managers will be implemented in 1989 in order to provide us with an early warning mechanism. The purpose of this mechanism is to alert your Council of any changes in management style that might affect performance. Initial start up costs for this service to the CDA RSP will amount to \$15,000. We believe that this money is well spent in the effort to continue to provide the best RSP vehicles to the participants.

4. CDA Logo on Promotional Material

In the last CDA Board of Governors' Meeting Book, a report was given by the CDA Chairman of the Membership Committee (Dr. Gilles Dubé) which contained the following paragraph:

"The profile of CDA in various promotional material published by CDSPI for CDA's insurance and RSP programs was reviewed by the Committee. It was agreed the CDSPI could do more to help promote these programs as a membership benefit by prominently placing the CDA name and logo in its promotional material. Although it was reported that this matter had been addressed by CDSPI, it was agreed the Membership Committee should send a letter to the Council on Insurance and Investment requesting CDSPI incorporate the CDA name and logo more prominently for the aforementioned programs."

The following Motion was passed at the December 1988 CDSPI Board of Directors' Meeting:

"THAT the CDSPI Marketing Department follow the outline of the CDA Letter of September 27, 1988, regarding the use of the CDA logo on CDA RSP and CDIP promotional material."

Mr. Neilson's letter of September 27, 1988, is attached for the information of the CDA Board as Appendix B.

APPENDIX B

5. Level Premium Option and Return of Premium Principle

The above two topics are presently being investigated by the CDSPI Management Committee and our consultants. It is our intent to present a report at our next Board Meeting which will allow our Board to make an informed recommendation regarding the feasibility of inclusion of these two types of premium structures in the CDIP LTD plans.

6. RCDS Professional Liability Committee

CDSPI Management hosted a meeting with Chairman of the above Committee, Dr. G. Whyte and with the plan administrator Dr. Ted Fox. The subject of a joint study was discussed, a follow-up letter was sent and we are awaiting further contact now that the College elections have been held and the new Committees have been struck.

7. Electronic Data Interface

The CDSPI Board considered the subject as presented by Dr. Dolansky and instructed management to co-operate in any way that would facilitate the CDA feasibility study of this topic.

8. Imperial Life

Our former insurer is not being any more co-operative now than before. I believe that the CDA should be aware of the possibility of legal action by Imperial. We do not accept that they have suffered any material damage, but there could be differences of opinion in that regard. In order to give you some feeling for the problem, it might be helpful to know that senior people from their side and our side agreed to an approach respecting conversions and notice of termination which was acceptable providing it was accepted by upper management at Imperial. It was not accepted. I hope to be able to report a resolution to the problem at the Board Meeting.

9. Study of CDSPI Management

Since the CDA is our major consumer of CDSPI services, I feel that it should be reported to you that CDSPI management has just been studied, appraised and advised by Stevenson, Kellogg, Ernst & Whinney. Usually the result of such a study is that there are changes in the style and approach to management. CDSPI will not be the exception. However, please do not expect dramatic changes in the short term because the consultant did report that the present Management Committee "has developed CDSPI along sound lines and run it very effectively and successfully". As President of CDSPI, I am pleased to be able to report that all members of the Management Committee were re-elected at the December 1988 CDSPI Board Meeting.

APPENDIX C

Further to this subject, I attach for your information (Appendix C) a copy of an advertisement that will appear in the February issue of the CDA Journal. This is the first step in the gradual replacement of the present Management Committee which will take place over the next six years until the last member of the present Management Committee is replaced on January 1, 1995.

10. 1988 Plan Experience

At the meeting we normally present CDIP plan experience for the prior year. Because of the changeover to Metropolitan and Imperial taking longer to close off their books for audit, this information will be presented in our report to the Board in Vancouver.

Respectfully submitted,

John E. Durran, D.D.S., Chairman
Council on Insurance and Investment
President, CDSPI

ADOPTION OF REPORT

The Board of Governors receives the report of the Council on Insurance and Investment with appreciation.

TPF&C

a Towers Perrin company

November 7, 1988

Our Ref: 00669/056

VIA FAX

Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

FINANCIAL REASONS FOR SELECTION OF METROPOLITAN LIFE FOR CDIP

You have requested that we provide you with a summary of the financial reasons for the selection of Metropolitan Life as underwriter of the Life and Disability benefits under the CDIP. I thought perhaps it might be helpful if we discussed not only the financial advantages which arose due to the tendering process, but also recapped the monetary reasons which forced the tendering of the benefits. A summary of Laurentian/Imperial's pre-tendering 1989 Disability renewal proposals follows:

FIRST PROPOSAL

1. 15% increase to the Long Term Disability (LTD) premium rates as at January 1, 1989;

plus

2. A contingent draw from Surplus of up to 15% of the net 1989 LTD premium. (The draw was to occur as soon as a deficit arose, not at December 31, 1989).

Estimated Financial Consequence for 1989

• 15% direct premium increase to dentists	\$ 902,000
• maximum 15% draw from Surplus	<u>902,000</u>
Total additional funds required	<u>\$1,804,000</u>

Mr. Kingsley D. Butler
November 7, 1988
Page 2.

FINAL PROPOSAL

1. No direct premium rate increase to dentists;
2. An immediate transfer of all current Disability Surplus to the underwriter. The Surplus was to be used for the purpose of claims payments, establishment of reserves, and deficit financing;

Plus

3. A lien against the Life Surplus to cover the full extent of any deficit remaining as at December 31, 1989.

Estimated Financial Consequence for 1989

●	Transfer of Disability Surplus	\$ 653,000
●	Lien on Life Surplus	<u>5,800,000</u>
	Total	<u>\$6,453,000*</u>

- * This proposal was open-ended in that there was no limit put on the amount of the lien. We have therefore illustrated a worst case scenario - all Surplus funds are depleted.

Because of its open-ended nature, Laurentian/Imperial's second proposal was even less financially appealing than its first. It should be noted at this point that both proposals were unacceptable from a financial viewpoint due to the following reasons:

- If the experience continued to deteriorate badly a transfer of Life Surplus would be required. There would have been insufficient Surplus under the Disability account to even satisfy the \$902,000 requirement under the first proposal;
- The second proposal threatened the future of the CDIP. Extremely unfavourable experience could have completely absorbed all Surplus accounts.

Mr. Kingsley D. Butler
November 7, 1988
Page 3.

Since the proposals put forth by the incumbent underwriter were unacceptable, a decision was reached to tender the Disability and Life benefits to the insurance marketplace. We estimate the financial consequence of selecting Metropolitan Life as underwriter to be the following:

	3 Year Savings over Laurentian/Imperial Quotation	
	<u>Metropolitan</u>	<u>Sun</u>
Gross premium savings	\$ 6,600,000	\$6,600,000
Net cost savings (retention and interest credits)	700,000	600,000
Savings regarding Guaranteed Conversion Reserve requirement under Disability plan	900,000	Nil
Additional funds potentially available as Surplus (due to lower IBNR and RSR requirements)	<u>2,000,000</u>	<u>2,000,000</u>
Total	<u>\$10,200,000</u>	<u>\$9,200,000</u>

The following three additional sources of savings can not be quantified:

1. Laurentian/Imperial's premium rates, retention and interest credits were guaranteed for a one year period only. We can not predict what additional demands may have been made for 1990 and 1991. Metropolitan and Sun guaranteed all aspects of their proposals for a three year period.
2. Laurentian/Imperial's reserve basis for open claims was significantly more conservative than that of the other two quoting underwriters. The higher the reserves, the higher future premium demands, the less money is available for transfer to Surplus, and the more margin available to the insurer. Metropolitan Life clearly had the advantage over Sun Life.

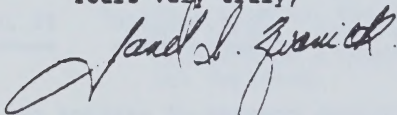
Mr. Kingsley D. Butler
November 7, 1988
Page 4.

3. Under the current provisions of the contracts with Laurentian/Imperial, the CDA is potentially entitled to receive refunds during the 5-year period following contract termination. This circumstance occurs if the reserves held by the insurer at termination exceed the liability for claims during the following 5 year period.

Neither Laurentian/Imperial nor Sun Life were prepared to extend this refund provision to the CDA unless there was a reciprocal agreement in place. Under the terms of such an agreement the CDA would be required to pay Laurentian/Imperial or Sun Life for any insufficiency in the reserves. Metropolitan Life agreed to continue the current provision without the benefit of a reciprocal agreement.

I trust that the contents of this letter will be of assistance. If you have any questions, please give me a call.

Yours very truly,



Janet I. Zvarick

JIZ:ww

Direct Dial: 416-960-2802

250 Bloor Street East, Suite 1100
Toronto, Ontario M4W 3N3
416 960-2700
Facsimile: 416 960-2819

TPF&C

a Towers Perrin company

October 18, 1988

Our Ref: 00669/018

Mr. Kingsley D. Butler
Executive Vice President
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

LETTER FROM M.M. KILLORAN DATED OCTOBER 13, 1988

You have requested that I provide you with a reply to Mr. Killoran's letter regarding the change to Metropolitan Life.

The savings over the next 3 years will come from a variety of sources - some will be savings over current retention costs; others, savings over Laurentian/Imperial's proposed premium rates and retention. While it is not possible to provide a precise allocation, hopefully, the following will assist Mr. Killoran:

	<u>1 Year</u>	<u>3 Years</u>
	(Millions)	
Estimated gross LTD premium savings over Laurentian/Imperial <u>proposed</u> rates	\$2.2	\$ 6.6
Estimated net cost savings (retention and interest credits)	0.2	0.6
Estimated Savings regarding Guaranteed Conversion Reserve requirement under Disability plans	N/A	<u>0.9</u> \$8.1
Estimated additional funds potentially available as surplus (due to lower IBNR and RSR requirements)		<u>2.0</u> (average)
		<u>\$10.1</u>

TPF&C

Mr. Kingsley D. Butler
October 18, 1988
Page 2.

In addition to the savings detailed on the preceding page, we expect a significantly improved cash flow position due to the individual disability reserves which will be held by Metropolitan versus Laurentian/Imperial's individual reserve requirements.

In the absence of a clarification of the question posed, I would suggest that you answer the penultimate paragraph in the October 13th letter by simply saying that the LTD and Office Overhead premiums will be the same as they presently are, and that the Life premiums for 1989 will be approximately 2%-3% more than for 1988 (difference in premium discount credits). I am uncertain which "present data base" Mr. Killoran is referring to - the ODA's or the total CDIP group.

I trust that this letter will be of assistance. If you require further clarification, please let me know.

Yours very truly,



Janet I. Zwarick

JIZ:ww

Direct Dial: 416-960-2802



APPENDIX B

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GENERAL

September 27, 1988

Mr. Kingsley D. Butler
Executive Vice-President
Canadian Dental Services Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

I have received a copy of your letter of September 2, 1988 to Dr. Dubé concerning CDA profile on promotional material relating to CDIP and the CDA RSP.

Firstly, I would say that the past few months have seen noticeable improvements in this area, and the Council on Insurance and Investment is to be commended for these initial steps.

The specifics of how to graphically incorporate enhanced CDA prominence is, of course, best left in your experienced hands. My following comments are intended only as general guidance.

(a) CDA - RSP

The identification of CDA ownership of this plan is quite well presented graphically, and the written "Introduction" is excellent.

The addition of the CDA Logo in a prominent position is required.

b) CDIP

The main concern here is the omission of reference to CDA and provincial associations, particularly on covers of promotional documents and in advertisements.

In addition to the CDA name and logo, a statement incorporating the message "owned by the dentists of Canada through membership in CDA or a participating provincial dental association" is required.

.../2

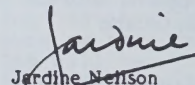
Mr. Kingsley D. Butler

September 27, 1988

- 2 -

I hope the foregoing is sufficient direction. If you feel it advisable to have CDA review recommended graphics, we would be pleased to cooperate.

Sincerely yours,


Jardine Nelson
Executive Director

/msg

CANADIAN DENTAL SERVICE PLANS INC. (CDSPI) INVITES APPLICATIONS FOR A POSITION ON ITS MANAGEMENT COMMITTEE

Qualifications

- Must be a member of the CDA and a dentist licensed in at least one Canadian province.
- Must have appropriate experience as a specialist and/or general practitioner.
- Must have demonstrated the ability and willingness to work within organized dentistry. Past service with the CDA or one of the provincial dental organizations in an elected/appointed capacity would be an asset.
- Should currently be a participant in one or more of CDSPI's programs.
- Must be willing to make a long term commitment of no less than seven years of continuous service.
- Must have the willingness and ability to participate in decision making and management by consensus and have good communication skills.
- Must be willing to arrange personal and professional schedules so as to be available for all Management Committee functions. Management Committee normally meets at CDSPI headquarters in Toronto.

Duties:

Reporting to the Board of Directors, this individual will work as a part of the Management Committee being responsible for the management of the corporation as set out in a detailed job description.

Starting Date:

To commence a one-year apprenticeship period January 1, 1990; beginning regular term on January 1, 1991. Selection of a successful candidate is to take place at the August 1989 meeting of the CDSPI Board of Directors.

Please submit applications by May 15, 1989, in writing only along with a detailed resume, to:

The Management Committee Selection Committee
c/o CDSPI
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

All responses will be treated as confidential.

LE CDSPI EST À LA RECHERCHE DE CANDIDATS DÉSIREUX DE FAIRE PARTIE DE SON COMITÉ DE GESTION

Exigences

- Membre de l'ADC et dentiste autorisé à exercer dans au moins une province.
- Expérience pertinente comme spécialiste et/ou généraliste.
- Capacité et volonté prouvées de travailler au sein d'un organisme de la profession. Une expérience concrète au sein de l'ADC ou d'une association provinciale — par élection ou nomination — serait un atout.
- Obligation de participation effective à au moins un des programmes du CDSPI.
- Desir de s'engager à long terme pour une période ininterrompue d'au moins sept ans.
- Desir et capacité de participer au processus décisionnel et à une gestion collective, et bon sens de la communication.
- Vie personnelle et professionnelle organisée pour permettre la disponibilité pour toutes les fonctions du Comité de gestion. Ce dernier se réunit normalement au siège social du CDSPI à Toronto.

Fonctions

Le candidat retenu relève du conseil d'administration et travaille au sein du Comité de gestion. Il ou elle sera chargé de la gestion de l'organisme conformément à une description de poste détaillée.

Entrée en fonctions

Le candidat aura un an pour se familiariser avec ses fonctions, à compter du 1^{er} janvier 1990. Entrée en fonctions normale le 1^{er} janvier 1991. La sélection sera faite à la réunion du conseil d'administration du CDSPI d'août 1989.

Veuillez faire parvenir votre candidature par écrit au plus tard le 15 mai 1989, accompagnée d'un curriculum vitae détaillé, à l'adresse suivante:

Comité de sélection du Comité de gestion
CDSPI
2, square Lansing
Bureau 600
Willowdale, Ontario
M2J 4Z3

Discrétion assurée.

FDI NATIONAL TREASURER

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

1988 FDI WORLD DENTAL CONGRESS

WASHINGTON, D.C.

OCTOBER 8-14, 1988

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The 1988 FDI Annual World Dental Congress took place in Washington D.C. on October 8-14, 1988 in conjunction with the American Dental Association Annual Convention. The theme of this Historic Joint Meeting was "Dentistry: Caring for the World"-reflecting the professional commonality that dentists from all over the world share.

Approximately 12,000 dentists attended the meetings and scientific sessions that were held at the Washington Convention Centre and many major hotels. Washington, D.C. is a beautiful city with many monuments, buildings and museums to entertain delegates, in their spare time.

The ADA/FDI meeting opened with a keynote session on Saturday morning, October 8th. The featured speaker was the Honorable Howard Baker, a former White House Chief of Staff. Senator Baker's presentation was excellent with many anecdotes explaining facets of American political life. On Saturday evening, a magnificent opening gala took place featuring Mr. Hal Linden as the master of ceremonies of a musical entitled "I hear America Singing" - A Tour of America's musical past.

With regard to the Fédération Dentaire Internationale portion of this joint meeting, Canada was represented at the General Assembly of the Congress by the FDI National Treasurer-Dr. William Thompson, three official delegates - Dr. Robert Hicks (National Treasurer - Canada), Dr. Jack Niedermayer (CDA President), Dr. George Beagrie and two alternate delegates-Dr. James Wright and Dr. Ralph Barolet. The CDA Executive Director, Mr. Jardine Neilson was also in attendance.

Canadians who participated in FDI commissions throughout the year as consultants or participants are as follows:

Commission on Oral Health, Research and Epidemiology

- Dr. William Bedford
 Leader: Standing Committee on Chief Dental Officers
- Dr. John Hardie
- Dr. Daniel Kandelman
- Dr. Michael MacEntee

Commission on Dental Education and Practice

- Dr. George Beagrie
- Dr. E.R. Ambrose
- Dr. Marcia Boyd
- Dr. R.B. Gilliland
- Dr. M. MacEntee
- Dr. G. Kravis
- Dr. D. Donaldson

Commission on Dental Products

- Dr. R. Barolet
- Dr. C. Torneck
- Dr. J.H. Bridges
- Dr. F. Pulver
- Dr. J.G.L. Lovas
- Dr. C. Torneck

Commission on Defence Forces Dental Services

- Brig.-Gen. James N. Wright
- Brig.-Gen. J. Fred Begin
- Brig.-Gen. William Thompson

Professor George Beagrie of Canada was the only recipient in 1988 of the FDI Merit Award for his contribution to the FDI Scientific Activities, including Chairmanship of both the Commission on Dental Education and Practice and the Committee on Commissions.

The ADA/FDI Scientific Program was extensive, involving clinicians and table clinics from many countries. Canadians who participated in the scientific program are as follows:

- | | |
|----------------------|--|
| Dr. George Beagrie | - Improving Access to Oral Health Care. |
| Dr. Richard Ten Cate | - Tissue Integrated Prostheses in Oral and Maxillofacial Reconstruction. |
| Dr. Ron Jordan | - Esthetic Composite Bonding materials and techniques. |
| Dr. Charles Munroe | - Treating the Disabled Patient in your Dental Practice. |
| Dr. George Zarb | - Osseointegrated Dental Implants - A New Era for Prostheses. |

The major business activities of FDI took place in four main working sessions i.e. General Assembly A, General Assembly B, National Treasurers Meeting and the Open Question Period. The following is a brief summary of the main items of interest from General Assembly A and General Assembly B:

1. Annual World Dental Congress Sites:

In 1989, the FDI Congress will be held in Amsterdam. The Netherlands is a great small country with many historical and cultural interesting sights. Amsterdam belongs to the most attractive cities of the Western hemisphere: "The Smallest Big City in the World".

The dates of the Amsterdam meeting are September 2-8, 1989.

The schedule of future FDI Congress sites are as follows:

- 1989 - Amsterdam (September 2-8)
- 1990 - Singapore (September 8-14)
- 1991 - Milan, Italy (October 7-13)
- 1992 - Berlin, Germany
- 1993 - Gothenburg, Sweden
- 1994 - Vancouver, Canada
- 1995 - Hong Kong

Revisions of Constitution

As you are aware, the FDI established a Task Force to study its structure and function. Considerable discussion took place on many of the proposals. While a number of alterations to the constitution of the FDI occurred, no major changes to the organization resulted.

One area of interest to Canada was the change to the subscription formula (which established the amount of money each country must pay annually to keep its membership in FDI). A modified formula now reduces the effect of the gross national product per capita on the subscription amount. This new formula will reduce Canada's financial contribution.

3. Finances

The accounts for 1987 showed an excess of \$230,305. The income was \$1,008,200 while expenses were \$779,915. This excess of revenue over expenditures resulted from two successful congresses in Manila and in Buenos Aires.

The General Assembly approved an increase in the Annual International Dental Journal from \$30.00 to \$35.00. However, no change was made to this supporting membership subscription.

It has been decided to have the Council of FDI meet twice a year, instead of once a year. This, along with increased headquarters expenses, will result in an excess of expenditures over income of approximately \$45,000.

4. Technical Reports

The following technical reports were presented to the General Assembly and were approved:

- The Relationship between the Dental Profession and Third Party Carriers.
- Recommendations in Radiographic Procedures.
- Premedication in Dentistry.

-
- Recommendations for a Compendium of Instruments and Expendable Materials to be used for Dental Emergency Treatment outside of Dental Facilities during Mobile Missions.
 - Regulation of Dental Materials.
 - Government Manufacturing Practices.

In summary, the FDI business session were most productive. It was agreed by all delegates that the Task Force recommendations and the General Assembly's decisions on the structure and function of FDI will be monitored on an annual basis.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
National FDI Treasurer - Canada

ADOPTION OF REPORT

The Board of Governors receives the report of the FDI National Treasurer as information.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTES DENTAIRE DU CANADA

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

I. Strategic Plan

Progress and review relative to the Strategic Plan for the Association has provided a real sense of direction over the past six months. Our efforts have been directed primarily toward increased effectiveness of the organization and greater individual involvement at the local level with enhanced interaction with the Executive and Standing Committees. In addition, we are investigating several options relative to restructuring of the Association and its committees, assessing the financial impact, and developing a five-year budget which would address different levels of growth and development.

II. Deans Committee and the American Association of Dental School's Annual Conference of Dental School Deans

The ACFD/AFDC Deans Committee met during the AADS Annual Conference in November. One of the sessions at the Conference focussed on dental manpower projections and the assumptions underlying them, the validity of models, and interpretation of the outcomes. There was support for the development of a prelicensure year and an early expansion of General Practice Residencies and Advanced Education in General Dentistry programs. The American Dental Association's House of Delegates has provided additional funding to expand the SELECT program which includes recruitment activities in dentistry, dental assisting, dental hygiene and dental laboratory technology. A reduction is again projected in dental applicants to U.S. programs with the ratio expected to be 1.2:1 applicants to first year positions in the next academic year. There was discussion by the ACFD Deans Committee regarding the number of Canadian students currently enrolled in U.S. programs and the problems that this will precipitate in the near future.

III. ACFD/CDA Liaison

Our attempt to date to establish a better working relationship in representation between the Executive bodies of the Associations has not proved a success much to our disappointment. We continue to be hopeful that the Canadian Dental Association will be able to be more responsive to discussing matters of broad concern to the educational community as well as the practising profession.

IV. Biennial Conference on Education and Research

This year's Biennial Conference will be hosted by the Faculty of Dentistry at The University of Western Ontario in London, June 10 through 16, 1989. There will be a Workshop on Biomaterials and the Research component will deal with "Technology Transfer"; the Education component will address "Barriers to Scholarly Activity". In addition, there will be research presentations on a wide variety of topics.

As you are well aware, last year and this year will have seen a change in leadership at more than half of the ten dental schools in Canada. As we all face the challenges of our changing profession, the Association looks forward to making a significant contribution in addressing issues of mutual concern and establishing a strong and significant relationship with all other organizations at the national level.

Respectfully submitted,

Marcia A. Boyd, President
ACFD/AFDC

ADOPTION OF REPORT

The Board of Governors receives the report of the Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities during this term of office.

1. The 1988 Annual Meeting

The Board of Directors and Annual Meeting of the Association was held in Edmonton, Alberta, August 18 & 19.

2. The 1989 Convention

The C.D.A.A. will hold its Annual Convention in conjunction with the C.D.A. Convention in Vancouver. Our Convention Convenor, Mrs. Bev Arduini, and Dr. Jahjah have been finalizing plans for this joint effort.

3. Certification

The C.D.A.A. Task Force, which has been working to develop a National Board Exam, had the opportunity to present a proposal to the C.D.A. Provincial Licensing Bodies during meetings held in Charlottetown. The C.D.A.A. requested official endorsement of the concept of a Level 1 Board Exam and the recognition of the benefits of such an Exam. Final details are currently being worked out and we anticipate issuing the Exam by October 1989.

I would like to take this opportunity to thank Mr. Brian Henderson for his continued support and advice. Through him the C.D.A.A. has had a voice on the C.D.A. Level.

Anticipating the initiating of a Level 1 Exam, the C.D.A.A. Task Force has begun work on a Level 2 (Intra Oral) Exam.

4. Membership

One year ago, the C.D.A.A. adopted a levy system which sees all certified/registered/licenced Dental Assistants assessed a levy which is divided between the Provincial and National Associations. To date the Provinces of New Brunswick, Saskatchewan and Prince Edward Island have come on stream with the levy, and membership in the C.D.A.A. has increased approximately 44%. Unfortunately, the members of the Alberta Dental Assistant's Association voted down the proposal in November, 1988.

5. National Dental Assistants' Recognition Week

National Dental Assistants' Recognition Week is the last full week in the month of March. This week is set aside to bring recognition to Dental Assistants as professionals and as a valuable member of the Dental Health Team.

6. Meeting with C.D.A. Management Committee

The C.D.A.A. Executive was pleased to meet with representatives of C.D.A. in Edmonton in August and anticipate another meeting during the Convention in Vancouver.

7. 1989 Executive

President	Ellen McCloskey, North Wiltshire, P.E.I.
Vice President	Betty Copp, Fredericton, N.B.
Certification	Maureen Symmes Edmonton, Alberta
Executive Director	Elaine Wesley 204-542 7th St. South Edmonton, Alberta T1T 2H1 (403) 328-1948

The C.D.A.A. wishes to thank the C.D.A. for the many opportunities for input at the C.D.A. level. The relationship that has been established can only help to strengthen our Associations.

Respectfully submitted,

Ellen McCloskey, C.D.A.
President C.D.A.A.

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Assistants' Association as information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1) National Dental Hygiene Survey

Information is now available from the Canadian Dental Hygienists' Association National Census Survey providing data on the occupational profile of dental hygienists in Canada and factors associated with their patterns of workforce participation and practice activities. Requests for information can be sent in writing to the Canadian Dental Hygienists' Association's Central Office in Ottawa.

2) 11th International Symposium

Canada will host the 11th International Symposium on Dental Hygiene in Ottawa, June 28 - July 1, 1989. The Symposium will include paper presentations, workshops, table clinics, commercial exhibits, and a host of social functions including organized tours. Highlighting the Symposium will be a presentation by the 10 Directors of the International Dental Hygiene Federation (I.D.H.F.), of which Canada was a founding member. The keynote speaker will be Dr. David Barmes, Chief of Oral Health, World Health Organization.

An invitation is extended to Canadian Dental Association members to attend the symposium.

3) Canadian Dental Hygienists' Association Journal

The Journal/PROBE which is normally published quarterly will be expanded in 1989 to include a fifth issue containing Symposium Proceedings. In addition to the Journal, the Canadian Dental Hygienists' Association publishes a newsletter twice yearly.

4) Quality Assurance

The Canadian Dental Hygienists' Association has endorsed the document "Clinical Practice Standards for Dental Hygiene" Part II of the Report of the Working Group on the Practice of Dental Hygiene. This document has been sent to every hygienist in Canada and is now available upon request from Health & Welfare Canada.

The Canadian Dental Hygienists' Association Committee on Quality Assurance has among it's terms of reference the following:

- 1) To promote the understanding and implementation of dental hygiene clinical practice standards.
- 2) To develop a national model for dental hygienists to promote the adoption of practice standards as part of a Quality Assurance Program.

5) National Certification - Dental Hygiene

The National Certification Committee, with financial assistance from the Canadian Fund for Dental Education, is developing a "Table of Specifications", a blueprint for the contents of a dental hygiene certification exam.

A third draft will be presented to the Registrars in April '89 in Ottawa.

6) National Dental Hygiene Campaign

In October 1988, the Canadian Dental Hygienists' Association launched, with sponsorship from Frank W. Horner, it's first national "Smile for Life" campaign on the eve of C.D.H.A.'s silver anniversary. The objective of the 1988 campaign was to increase the profile of the dental hygienist as an educator in oral health. Components of the campaign included; resource manual, local activities, consumer pamphlet, poster and stickers, product samples and media relations. An evaluation has been done, a summary of which will appear in the summer issue of PROBE.

Plans for October 1989 are now in progress as it is intended that it be a yearly event.

7) Board Meeting

The 25th Board of Directors meeting will be held June 24-27 in Ottawa. This year's meeting will be held concurrently with the International Dental Hygienists' Federation Board Meeting.

8) Task Force on Future of Education

The Canadian Dental Hygienists' Association Ad Hoc Committee is in the process of developing a draft for presentation to and approval by the C.D.H.A. Board of Directors, outlining future planning and recommendations for dental hygiene education and practice. The Committee's main objective was to examine the development of dental hygiene both historically and educationally, and from that formulate a long range plan for the future. This report will be available after Board deliberation and acceptance in June.

9) Strategic Planning

Two Strategic Planning meetings have been held this year resulting in the development of a restructuring proposal for Board approval in June. Examination of our goals and objectives has led to a plan to change committee structure to council structure thus providing additional regional input and allow Executive Council more time to focus on management issues.

10) Dental Hygiene Supply

The Canadian Dental Hygienists' Association is presently reviewing the short and long term supply situation and is addressing the issue of a "hygiene shortage", as it exists today. Issues, which include geographic distribution, hygiene/dentistry ratios, marketplace factors and maintenance of education quality are being examined.

11) C.D.H.A./C.D.A. - Relations

The Canadian Dental Hygienists' Association has noted that one of the Canadian Dental Association's priorities states "communication at all levels between dentistry and dental hygiene must be promoted".

C.D.H.A. supports this priority and looks forward to a significant increase in communication between C.D.A. and C.D.H.A. on issues that affect both parties directly, i.e. dental hygiene supply, third party preventive fee changes, dental hygiene supervision, dental hygiene practice, dental hygiene licensure. It is important that when dentistry discusses issues which have a direct impact on dental hygiene and vice versa, that both parties are involved in these discussions. To date, the College of British Columbia stands as a role model.

Respectfully submitted,

E. Williams, President

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Hygienists' Association as information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Ted Ramage, Chairman
 Mr. Robert Cajolet, Vice-Chairman
 Dr. Greg Baird
 Dr. Louis Bernier
 Dr. Bill Campbell
 Mr. Lee Maddison
 Dr. Donald O'Connor
 Dr. Bill Sharun
 Dr. Arnold Steinbart
 Dr. Gordon Thompson
 Mr. Jardine Neilson, Ex-officio

Executive Secretary: Ms. Janice Forsythe

1. Meetings

The Canadian Fund for Dental Education has not met since its report to the 1988 Annual Meeting; business was conducted by correspondence and telephone.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. 1988 Income

Our records have been closed off now for 1988 and, although the audited statement has not yet been prepared, I am confident that these figures are accurate.

Total income from all sources was \$317,725, down slightly from last year's total of \$329,125. This decrease is due mainly to the fact that a lottery was not held in 1988. A preliminary breakdown is as follows:

CFDE INCOME

	1988	1987
Dental Profession	\$ 93,640	\$ 78,935
Dental Organizations	30,190	22,191
Dental Hygienists	1,385	1,330
Business & Industry	111,080	122,556
Living Memorial	8,875	5,472
Tributes	550	385
Other Contributors	100	2,377
Investment Income	60,218	59,986
Sundry Income	11,687	35,893
TOTAL RECEIPTS	\$ 317,725	\$ 329,125

3. 1988 Disbursements

The CFDE Trustees approved grants totalling \$221,019 for 1988, up from \$158,715 in 1987. The Board was pleased to be able to offer this substantial amount to further dentistry in Canada.

4. 1988 Operating Expenses

Operating expenses for 1988 decreased to \$106,322 from \$113,393.

5. Management Committee Meeting

In order to better analyse the financial data presented here, the Management Committee meeting is scheduled for January 29, 1989, instead of late fall 1988 when it would normally have been held.

6. Nicholas A. Mancini Scholarship Fund

This new fund which was announced last year at this time has grown from \$4,041 to \$7,999 in one short year. Once the Fund reaches \$10,000, Dr. Mancini plans to define the scholarship guidelines. Donations to this Fund will be accepted at any time.

7. Appreciation

CFDE made a significant contribution to Canadian dentistry during 1988, and will continue to do so in future, with the help of individuals like yourselves who have made a commitment to the Fund and to dental education. On behalf of my fellow Trustees and all those who benefited from the Fund's support, may I express my most sincere appreciation.

Thanks must also be extended to all of the organizations which support the Fund, both by donating and by promoting CFDE at meetings, in their publications, etc. A special word of appreciation is extended to dental students and faculty members who have once again this year made a diligent effort to campaign for the Fund.

I must also thank all of the Trustees of CFDE, as well as our staff members, Ms. Janice Forsythe and Miss Louise Préfontaine, for their work in helping the Fund grow.

Again, to all of our supporters, I express my thanks and my hopes that you will continue to donate to CFDE in the years to come.

Respectfully submitted,

Ted Ramage, D.D.S.
Chairman, CFDE
Board of Trustees

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Fund for Dental Education as information.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The members of the NDEB were given a review of past accomplishments and future challenges in the NDEB's continuous efforts to fulfill its mandate.

The NDEB addressed general interest agenda items as follows:

1. Current Graduates Certification

The NDEB expressed satisfaction with the CDA's acceptance of the Task Force proposal to form an autonomous Council on Accreditation. This action was felt to be extremely important, since the accreditation process would not only continue to protect the public interest but would also be seen to do so.

2. Examinations

APPENDIX I

The NDEB adopted reports from the written and clinical examination committees which annually review the entire examination process.

The major change in the examination content, approved by the NDEB, is the replacement of prosthetics in Part B of the clinical examination by an occlusion exercise. Accordingly, beginning in 1989, the content of the comprehensive examination will be as per Appendix I.

3. By-Laws

The NDEB adopted changes in By-laws which now place all applicants for certification into the following two categories:

- a) current graduates of approved dental programs in Canada;
- b) all others.

4. Conflict of Interest Guidelines

APPENDIX II

The NDEB approved the Guidelines as per Appendix II.

5. Legal

The NDEB is involved at present with the following:

- a) Supreme Court of Canada - filed for Leave to Appeal the judgement of the Ontario Court of Appeal which places the NDEB under provincial rather than federal human rights legislation.
- b) British Columbia Council on Human Rights investigation.
- c) Task Force on Access to Trades & Professions in Ontario inquiry.

6. Reports From Other Organizations

The NDEB was addressed by the Executive Director of the CDA, the Chairman of the CDA Council on Education and Accreditation, the President of the RCDC and the representative from the CDA Committee on Student Affairs.

7. Special Presentations

The Board heard a presentation by Dr. G.S. Beagrie on "International Perspective on Oral Health" and a dinner speech by the Privacy Commissioner of Canada, Dr. John W. Grace, entitled "Public Laws & Private Lives".

8. Officers of the Board

President	- Dr. A. MacLean
President-Elect	- Dr. A.F. LaBounty
Past-President	- Dr. H.M. Dick
Executive Committee Members	- Dr. R.B. Gilliland
	- Dr. M. Jahjah
Executive Director & Registrar	- Dr. G. Kravis
Administrative Officer/Treasurer	- Mrs. F. Dawes

9. Meeting Dates - 1989

Executive Committee	- 16 April	Toronto
Executive Committee	- 26 November	Ottawa
Annual Meeting	- 27 & 28 November	Ottawa

10. Examination Dates - 1989 * - Selected University Centres

Written	15, 16 & 17 May	*
Clinical - PART A	23 & 24 May	Montreal
- PART B	26, 29 & 30 May	Montreal
- PART C	31 May & 1 & 2 June	Montreal
Comprehensive	15 May to 2 June	Montreal
Clinical - PART A	8 & 9 August	Vancouver
- PART B	11, 14 & 15 August	Vancouver
- PART C	16, 17 & 18 August	Vancouver
Written	16, 17 & 18 October	*
Clinical - PART C	18, 19 & 20 December	Montreal

11. Statistics**APPENDIX III**

Respectfully submitted,

A. MacLean, President
National Dental Examining Board
of Canada

ADOPTION OF REPORT

The Board of Governors receives the report of the National Dental Examining Board of Canada as information.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

COMPREHENSIVE EXAMINATION - 1989

I WRITTEN EXAMINATION

The written examination consists of six papers and covers the following subjects:

1. Oral & General Medicine, Oral Pathology, Diagnosis, Radiology & Treatment Planning
2. Operative Dentistry & Endodontics
3. Prosthodontics (fixed & removable) and Dental Materials
4. Orthodontics & Pediatric Dentistry
5. Periodontics, Oral Health Maintenance and Patient Education
6. Oral Surgery, Anxiety and Pain Control & Clinical Therapeutics

EACH WRITTEN EXAMINATION PAPER CONSISTS OF 100 MULTIPLE-CHOICE TYPE ITEMS.

TIME ALLOTMENT: 2 hours per paper

II CLINICAL EXAMINATION

PART A - RESTORATIVE DENTISTRY TECHNIQUE

The candidate will be required to perform on specified ivory teeth mounted in manikins five NDEB selected procedures from the following:

- | | |
|-----------------------------------|------------------------|
| 1) Class II inlay | - preparation only |
| 2) Class II onlay | - preparation only |
| 3) Class II amalgam | - finished restoration |
| 4) 3/4 crown | - preparation only |
| 5) full crown | - preparation only |
| 6) porcelain jacket crown | - preparation only |
| 7) porcelain fused to metal crown | - preparation only |
| 8) pin amalgam | - finished restoration |
| 9) Class IV composite resin | - finished restoration |

At least two of the five preparations will be abutments for a fixed bridge.

TIME: 2 days

PART B - EVALUATION, DIAGNOSIS & MANAGEMENT OF PATIENTS

TIME

1. Case Diagnosis & Treatment Planning

1 1/4 hrs.

This examination evaluates the candidate's ability to formulate a diagnosis and treatment plan for one clinical case. A patient history, diagnostic casts and radiographs are provided. (Surveying of casts is not required).

- 2 -

- | | <u>TIME</u> |
|---|------------------------|
| 2. <u>Masticatory Physiology</u> | 6 hours
clinic time |
| <p>This examination will evaluate the candidate's competence in the fundamentals of impression technique and occlusion on a patient. This will include the demonstration of knowledge of anatomy and physiology of the masticatory system. It will also assess the candidate's ability to perform oral soft and hard tissue evaluation and occlusal analysis.</p> | |
| 3. <u>Oral Medicine/Pathology</u> | 1/2 hr |
| <p>This examination evaluates the candidate's ability to diagnose oral pathological conditions and to demonstrate knowledge of their etiology and treatment from clinical photographs, photomicrographs and radiographs.</p> | |
| 4. <u>Patient Management</u> | 1 hr |
| <p>This examination evaluates the candidate's ability to recognize and establish treatment for a variety of oral and systemic disease conditions.</p> | |
| 5. <u>Periodontics</u> | 1 hr |
| <p>This examination evaluates the candidate's ability to diagnose and manage periodontal disease.</p> | |
| 6. <u>Radiology</u> | 1 hr |
| <p>This examination evaluates the candidate's knowledge of oral radiology.</p> | |

PART C - RESTORATIVE DENTISTRY

1. Class II Amalgam
2. Class V or Class II composite resin or Class V gold foil
3. One cast gold restoration selected by the candidate from the following:
 - a) 3/4 Crown
 - b) Inlay Class II
 - c) Onlay Class II
4. Radiology Technique

TIME ALLOTMENT: 2 1/2 days

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

CONFLICT OF INTEREST GUIDELINES

The public interest is best served when the duties and responsibilities of decision-makers serving on public boards are subject to public scrutiny. Where private or other professional interests of such decision-makers have a potential for influencing the exercise of public duty, the public's confidence and trust in the integrity, objectivity and impartiality of a public board is compromised. "Conflict of Interest" therefore exists whenever a member of a public board has interests and responsibilities which may be deemed by the public to conflict with public duty. Whether a conflict of interest is real or apparent (reasonable apprehension that it exists), it must be avoided in decisions which affect the public interest.

Society is becoming increasingly intolerant of abuses of the principles of conflict of interest. It is therefore necessary to enunciate the above principles as guidelines in order that reasonable compliance can be enforced.

The National Dental Examining Board of Canada is a board with legal and moral responsibility to grant its certificate only on the basis of demonstrated competence in accordance with the national standard as determined from time to time. In order to ensure that other interests do not influence the decisions of the NDEB, and that the conduct of examinations and the treatment of candidates is, and can be seen to be, characterized by fairness and equity, the following conflict of interest guidelines will apply:

Members of the National Dental Examining Board of Canada, examiners and appointees shall not have, or appear to have, a conflict of interest. The following areas are especially sensitive to perceived conflict of interest:

1. all forms of discriminatory or preferential treatment of candidates;
2. breaching confidentiality of candidate information;
3. the use of Board information to benefit self or others selectively;
4. the giving/receiving of gifts and other benefits to/from candidates.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

NDEB CERTIFICATES ISSUED TO CANADIAN CURRENT GRADUATES

FACULTY	1987		1988		1989		1990	
	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.	No. of Grad.	NDEB Cert.
ALBERTA	44	44	45	45				
B.C.	40	40	37	37				
DALHOUSIE	33	33	44	44				
LAVAL	32	28	29	28				
MANITOBA	27	27	29	29				
MCGILL	38	37	39	38				
MONTREAL	78	59	74	73				
SASKATCHEWAN	20	20	16	16				
TORONTO	88	88	103	103				
WEST. ONT.	52	52	39	39				
TOTAL	452	428	455	452				

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATAGRADUATES OF DENTAL PROGRAMS OUTSIDE CANADA AND USA

EXAMINATION SESSION	WRITTEN		CLINICAL PART A		CLINICAL PART B		CLINICAL PART C	
	No. of Candidates	% Succ.	No. of Candidates	% Succ.	No. of Candidates	% Succ.	No. of Candidates	% Succ.
May 1986	87	45	54	35	61	43	21	29
Aug. 1986	-	-	39	59	63	37	30	47
Oct. 1986	60	38	-	-	-	-	-	-
Dec. 1986	-	-	-	-	-	-	27	52
May 1987	80	50	53	36	57	32	21	48
Aug. 1987	-	-	49	49	52	46	34	41
Oct. 1987	63	40	-	-	-	-	-	-
Dec. 1987	-	-	-	-	-	-	31	32
May 1988	98	67	68	50	47	30	27	44
Aug. 1988	-	-	59	36	55	55	29	38
Oct. 1988	70	59	-	-	-	-	-	-
Dec. 1988	-	-	-	-	-	-	24	33

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION DATAGRADUATES OF DENTAL PROGRAMS IN CANADA AND USA

EXAMINATION	WRITTEN		CLINICAL PART B		CLINICAL PART C	
	No. of candidates	% Succ.	No. of candidates	% Succ.	No. of candidates	% Succ.
May 1986	7	100	15	27	3	100
Aug. 1986	-	-	9	56	6	67
Oct. 1986	8	88	-	-	-	-
Dec. 1986	-	-	-	-	2	0
May 1987	10	60	14	29	5	60
Aug. 1987	-	-	10	40	5	40
Oct. 1987	21	90	-	-	-	-
Dec. 1987	-	-	-	-	-	-
May 1988	14	86	18	61	14	14
Aug. 1988	-	-	15	33	14	29
Oct. 1988	26	96	-	-	-	-
Dec. 1988	-	-	-	-	13	38

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

MEETING DATES - 1989

Executive Committee	16 April	Toronto
Executive Committee	26 November	Ottawa
Annual Meeting	27 & 28 November	Ottawa

EXAMINATION DATES - 1989

Written	15, 16 & 17 May	*
Clinical - PART A	23 & 24 May	Montreal
- PART B	26, 29 & 30 May	Montreal
- PART C	31 May & 1 & 2 June	Montreal
Comprehensive	15 May to 2 June	Montreal
Clinical - PART A	8 & 9 August	Vancouver
- PART B	11, 14 & 15 August	Vancouver
- PART C	16, 17 & 18 August	Vancouver
Written	16, 17 & 18 October	*
Clinical - PART C	18, 19 & 20 December	Montreal

* - SELECTED UNIVERSITY CENTRES

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Annual Meetings

The 1989 Annual Meeting of the Council of the RCDC was held in Edmonton on August 20th. The second terms of office of two members of Council came to an end at that meeting, and the first terms of office of another four. Of the latter group, only Dr. Roger Ellis, Dental Public Health, chose not to stand for election to a second term, and the other three were all re-elected by acclamation. New Councillors in Dental Public Health, Dental Sciences and Prosthodontics were also elected by their respective sections by acclamation, and the 1988/89 Council is as follows:

President	R.L. Moran, Toronto
Past President	M.J. Crompton, Moncton
Vice President	C.G. Baker, Edmonton
Registrar, Secretary-Treasurer	J.E. Speck, Toronto
Examiner-in-Chief	K.J. Titley, Toronto
Dental Public Health	G.W. Thompson, Edmonton
Dental Sciences	C.L.B. Lavelle, Winnipeg
Endodontics	P.R. Dow, Kelowna
Oral & Maxillofacial Surgery	S. Weinberg, Toronto
Oral Pathology	R.J. McComb, Toronto
Oral Radiology	C. Price, Vancouver
Orthodontics	C. Baril, Montreal
Pediatric Dentistry	M.D. Charendoff, Toronto
Periodontics	E.E. Chesko, Vancouver
Prosthodontics	M.I. MacEntee, Vancouver

At the Convocation also held on August 20, 8 new Fellows and 23 new members were admitted to the College, bringing total numbers to 374 Fellows and 330 Members. The total number of licensed specialists in Canada is 1466. Dr. Ron Markey, the immediate Past President of the C.D.A., was the guest speaker at the Convocation and gave a thought-provoking talk on the need to address the relationships of the different segments of the dental community, and specifically the attitudes of the general dentists and dental specialists towards each other.

The 1989 Annual Meeting and Convocation will be held in Vancouver on August 26th.

1988 Symposium

The K.J. Paynter Memorial Symposium Cranio Mandibular Function and Dysfunction was held as part of the CDA's Scientific Program on August 22 in Edmonton, chaired by Dr. Charles Baker, the College's Vice President, and it was well attended and well received. Synopses of the presentations appeared in the December issue of the CDA Journal.

Examinations

Fellowship and Membership examinations were offered in June and December, 1988, with the following results:

	<u>Fellowship</u>		<u>Membership</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Dental Sciences	-	1	-	-
Oral & Maxillo. Surgery	5	5	7	4
Oral Radiology	-	-	1	-
Orthodontics	2	1	5	-
Pediatric Dentistry	-	-	5	2
Periodontics	1	1	3	1
Prosthodontics	2	-	-	2

Sites for the written component of the Membership Examinations included all the dental schools in Canada with the exception of the Université de Montréal, as well as one in Leeds, U.K. Orals were held in Edmonton and Toronto.

We were pleased to welcome Brian Henderson, the CDA's Director of Education and Accreditation, to the oral examinations of three specialties held in Toronto on December 3rd, as an observer.

The College again sustained a financial loss of its 1988 examinations, even though no honoraria are given to examiners, and the Council approved an increase in the fee from \$600 to \$650 for first-time candidates, \$325 for re-sits, effective in 1989.

In the spring of 1988, Dr. George Zarb resigned from the position of Chief Examiner in Prosthodontics, and following consultation with members of the specialty, Dr. Herbert Ptack of Montreal was appointed by Council for a three-year term to 1991. Dr. W.J. Fleming, Toronto, Dental Sciences, was appointed to a third three-year term as Chief Examiner in the Dental Sciences group, primarily because the group has very few members at the moment, and the College is presently reviewing criteria for examination-eligibility for those wishing to enter the College in that category.

Respectfully submitted,

Roderick L. Moran,
President

ADOPTION OF REPORT

The Board of Governors receives the report of the Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE 1989 INTERIM CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The 1988 Annual Scientific Session was held at the Fantasyland Hotel in Edmonton, Alberta, September 29-October 1, 1988. There were sixty academy members in attendance and on Saturday we were joined by 100 local general practitioners for an excellent session with clinicians James Gutmann of Dallas and Dick Burns of San Mateo, California.
2. Montreal will be the site of our 1989 Annual Meeting. Dates are September 22-25th, 1989, at the Four Seasons Hotel.
3. Elected officers for 1988-89 will be:

Past President	Dr. Wm. Christie, Winnipeg, Manitoba
President	Dr. Lorne Chapnick, Toronto, Ontario
President-Elect	Dr. Carl Hawrish, Edmonton, Alberta
Treasurer	Dr. Barry Chapnick Toronto, Ontario
Chairman of By-Laws & Constitution	Dr. Sharma Sinanan, Vancouver, B.C.
Executive Secretary	Dr. John Phillips, Oshawa, Ontario

Respectfully submitted,

John M. Phillips,
Executive Secretary,
Canadian Academy of Endodontics

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Academy of Endodontics as information.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT TO THE 1989 CDA INTERIM BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The last Annual Meeting of the Canadian Society of Public Health Dentists (C.S.P.H.D.) was held in Toronto in May 1988 at the same time as the Murray Hunt Lecture. It was a conjoint meeting with the Ontario Society of Public Health Dentists.

At that time the Society passed a motion to allow dental hygienists whose primary commitment was the advancement of public health to become associate members. This may necessitate a "name change" for the Society.

The Society also initiated the formation of a Community Dental Health Research Co-ordinating Committee to establish goals and priorities in community dental public health research, and to assist in obtaining funds for future dental public health research in Canada and to assist in the implementation of dental public health as outlined in the Working Group on Dental Research in Canada (MacDonald Report).

Dr. Jack Hann, the current C.S.P.H.D. President is to summarize the current Oral Health Promotion activities in Canada.

Unfortunately, production costs for the "Canadian Journal of Community Dentistry", published twice yearly by the C.S.P.H.D. have forced suspension of the Journal until a final decision at the 1989 Annual Meeting. The President will prepare a "newsletter" to substitute during the interim.

The Society decided its next Annual Meeting will be in Vancouver in August 1989 prior to the CDA Convention.

Respectfully submitted,

Neil A. Farrell, Sec.-Treasurer
Canadian Society of Public
Health Dentists

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Society of Public Health Dentists as information.

ANNUAL MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE ANNUELLE
DU BUREAU DES GOUVERNEURS
L'ASSOCIATION DENTAIRE CANADIENNE

VANCOUVER, BRITISH COLUMBIA

AUGUST 25-26
LES 25 ET 26 AOÛT

1989

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R. Beaulieu, Secretary to the Executive Director
P.R. Crawford, Editor
S. Deziel, Manager - Executive Services
P. Duminy, DID Coordinator
B. Henderson, Director of Education and Accreditation
S. Matheson, Associate Director, Education and Accreditation
C. Metcalfe, Associate Editor
J.R. Neal, Director of Administration
L. Teteruck, Director of Communications
M. Vaughan, Librarian

OBSERVERS

NAME

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B.L. Bowden	Medical Care Commission, Newfoundland
M. Boyd	Association of Canadian Faculties of Dentistry
K. Butler	Canadian Dental Service Plans Inc.
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R. Thordarson	College of Dental Surgeons of British Columbia
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E. Williams	Canadian Dental Hygienists' Association
L. Wiltshire	Student Governor-Elect - CDA
C. Worobey	Canadian Dental Hygienists' Association
G.S. Zwicker	Canadian Dental Service Plans Inc.

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS**

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Secretary to the Board of Governors

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A.J. Neilson

EXECUTIVE COUNCIL

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R.J. Markey, Past-President
K.L. Roach, President-Elect
G. Dubé, Vice-President

L.S. Allen
B. Dolansky
B. Dolman

D.E. MacFarlane
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R. Wenn

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W.R. Bedford

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M. Eggert (Consumer Products Recognition)
M. Jahjah (Convention)
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J.N. Wright (Dental Specialties)
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D.E. MacFarlane (PRUC)
J. Hardie (Publications)
K. Roach (Roles&Responsibilities)
M. Ashokar (Student Affairs)
R.N. Hicks (Taxation)
D.E. MacFarlane (Third Party)

PRESIDENT'S REMARKS
Annual Meeting of the CDA Board of Governors - Vancouver
August 25-26, 1989

Mr. Chairman, Members of the Board of Governors, let me first of all take this opportunity to welcome everyone to the 1989 Annual Meeting of the Board of Governors of the Canadian Dental Association.

I would like to make a few brief comments about the year, as in a few short hours my term as President of this association will come to an end. I will be relegated to the position of Past-President and by the way, the last full term Past-President of this association under the new format of the Management Committee structured and approved last year. I am looking forward to this most senior position of Past-President with some awe because, as one former President of a few years ago Dr. Brad Holmes stated, "it's actually the position I was after to start with" and I know that I will be the second greatest Past-President after him that this association ever had.

It has been a very busy and at times, frustrating year, and a year that has seen the Executive Council and you, the Board of Governors make some difficult policy decisions and some very important financial decisions as well. I am referring to the retendering of our insurance plans, major changes to CDA headquarters and embarking on an electronic data interface system to mention only a few.

These, along with the other ongoing programs and coupled with the difficulty of maintaining and attracting new members from our voluntary provinces, will surely put our financial experts to the test when trying to embark on new programs for our association for the future.

Having said that, I have utmost confidence in the future of this dental association. The people in place both at the staff level and the elected people on the Executive are some of the finest, hard working, dedicated individuals that I have ever been associated with.

The speed in which dentistry is changing both technically and organizationally indicates the need for a national association to act in the role of co-ordinator and it is in this regard that the future of organized dentistry lies. It is here that I would urge you to lend your support to an even greater extent than in the past to your national dental association as, lacking this support, outside pressures will surely cause fragmentation of our profession, a situation not in the best interests of both we as dentists or the public that we serve.

It is here that I would like to thank, on behalf of the Canadian Dental Association, all those volunteers on our councils and committees and our affiliated groups for their work and input during the past year.

In closing, I would like to again welcome you to this board meeting. We will have a busy, and I hope, a very productive two days. We have a couple of exciting events during this meeting, that is the awards luncheon today, and the President's Installation tonight. These are followed by the convention beginning with the opening ceremonies at 5 p.m. on Sunday, all of which will prove to be extraordinary events in beautiful Vancouver, B.C.

Jack W. Niedermayer, B.A., D.D.S.
President

EXECUTIVE COUNCIL

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jack W. Niedermayer, Chairman - Regina
Dr. Kevin L. Roach, Pembroke
Dr. Gilles Dubé, Lachute
Dr. Ron J. Markey, Richmond
Dr. Les S. Allen, Winnipeg
Dr. Bernard H. Dolansky, Ottawa
Dr. Barry Dolman, Montreal
Dr. Don E. MacFarlane, Vancouver
Dr. Bryun Sigfstead, Edmonton
Dr. Raymond Wenn, Charlottetown

Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

Council

Secretary: Mrs. Suzanne Burton

1. Council Meetings

Since the March-April 1989 Interim Meeting of the Board of Governors, the Executive Council has met once, June 9-10, 1989.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

89.45 THAT the firm of McCay, Duff and Company be appointed CDA auditors for the fiscal year 1989.

ADOPTED

3. CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4(d) of the CDA Constitution and By-Laws,

RESOLVED:

89.46 THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1990.

ADOPTED

4. Canadian Dentists' Insurance Program - 1988 Financial Statements

RESOLVED:

89.47 THAT the audited financial statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1988 be approved.

ADOPTED

APPENDIX I

5. FDI - National Treasurer

The National Treasurer to the FDI is an annual appointment by the Board of Governors.

RESOLVED:

89.48 THAT Dr. Gilles Dubé be appointed FDI National Treasurer for 1990.

ADOPTED

The Board of Governors extends its appreciation to Dr. Robert Hicks for his contribution as FDI National Treasurer.

6. Professional Liability Insurance

The Order of Dentists of Quebec requested from the CDA, through CDSPI, experience and statistical reports of the Canadian Dentist's Liability Insurance Program for the years 1984 through 1988. Following consultation with the QDSA, this request was approved.

The CDA continues to discuss the benefits of liability insurance consolidation with the Royal College of Dental Surgeons of Ontario. The position of the College at this time is stated in the appended correspondence.

APPENDIX II

The Executive Council reiterated its concern that fragmentation in the field of professional liability insurance will not, in the long term, benefit the dentists of Canada.

RESOLVED:

- 89.49 THAT Executive Council of the Canadian Dental Association be directed to develop a strategy for examining the fragmentation of malpractice insurance in Canada, with immediate emphasis on the current situation in Québec. Executive Council is directed to communicate CDA views to Quebec dentists on the ODQ intent to move to a self-insured malpractice plan by January 1, 1990.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION7. Appointment to Executive Council - Quebec Representative

The election of Dr. Gilles Dubé as Vice-President at the 1989 Interim Meeting of the CDA Board of Governors created a vacancy on the Board of Governors and the Executive Council. The QDSA named Dr. Barry Dolman of Montreal as a member of the CDA Board of Governors, and also as its nominee to replace Dr. Dubé on the Executive Council. The Executive Council endorsed the nomination of Dr. Dolman to membership on Council, and the required Presidential appointment has been made. The Executive Council welcomes Dr. Dolman and looks forward to his participation.

8. Eligibility - CDIP

The Executive Council reviewed correspondence from Mr. Kingsley Butler concerning the eligibility of individuals to participate in CDIP. The correspondence is appended and outlines the present procedure being followed by CDSPI with regard to membership stipulations. The report of the Council on Insurance and Investment contains further information, including a legal opinion on the possibility of levying a surcharge to those who cease to be members of the CDA and the corporate sponsoring provincial associations.

The principle tying eligibility to participate in CDIP to membership in CDA or a sponsoring provincial association received strong support from the Executive Council. Drs. Durran and Charendoff, and Mr. Kingsley Butler were present at the Executive Council meeting for the discussion of this item, and indicated statistics are being reviewed to determine the magnitude of this situation.

For new entrants to the plans, it was agreed that a membership stipulation could be built into the requirements for continuing participation, and the plans would be marketed with this in mind. Life plan coverage is presently non-cancellable and guaranteed renewable. Any change to this would require a policy decision of the Executive Council. Council deferred action on this item until further statistics are provided by CDSPI.

APPENDIX III

9. Special Claims - LTD/Office Overhead

At the 1989 Interim Meeting, Governors approved the principle that late claimants under LTD Office Overhead denied benefits by Imperial Life should have their claims honoured. These claims were to be submitted to Metropolitan Life for adjudication with regard to their validity, and appropriate recommendations made to CDSPI. As of May 31, 1989, twenty-seven (27) claims of this nature have been identified. The status of these claims is indicated in the appended documentation. A total of three hundred and fifty-four thousand nine hundred and twenty-eight dollars and eighty-two cents (\$354,928.82) has been paid to date out of a total of known reserves of nine hundred and twenty-six thousand five hundred dollars (\$926,500).

APPENDIX IV

Legal Action - Imperial Life Assurance Company of Canada and CDA

CDA has been notified of the possibility of legal action, claiming breach of contract against CDA by Imperial Life in the matter of the change of carrier for CDIP. To date, no notification of suit has been received by the CDA; however, Imperial Life has a period of six (6) years within which it may file a claim.

Legal action against Imperial to recover the costs of the payment of special claims referred to in item 8 was discussed in length by Executive Council. At the present time, an accurate figure is not available on the amount of reserves being held by Imperial Life. This information is a crucial element required in the decision on the advisability of legal action, and should be available around the beginning of July. CDA is required to file a Notice of Claim in order to preserve the right to sue. The deadline for notice of claims against Imperial with regard to the LTD claims is close in some cases, and has lapsed in others. In view of this, until further notice, the Executive Council has authorized CDSPI to file a Notice of Claim, for any LTD claims in excess of one hundred thousand dollars (\$100,000).

Council is reviewing the feasibility and most optimal timing for discussion with senior officers of Imperial Laurentian. The Board of Governors will be brought up-to-date on activities in this area at the Annual Meeting.

10. Life Plan Surplus

Section 9 of the Participation Agreement requires the Executive Council, at its meeting held in preparation for the Annual Meeting of the CDA Board of Governors, to review the situation with regard to the life plan surplus, and make a decision as to its disposition. Towers, Perrin, Forster, and Crosby (TPF&C) have advised CDSPI that they are unable to proceed with the final audit of the life plan or the preparation of a report regarding surplus distribution. The Executive Council was advised by CDSPI that it anticipates final figures will be available for review for the August meeting of the CDSPI Board. Recommendations affecting disposition of the life surplus, if any, would come from that meeting to the CDA for consideration.

APPENDIX V

11. Supervision Requirements for Dental Hygienists

At the 1988 Annual Meeting, the CDA Board of Governors approved a statement on supervision requirements for dental hygienists. The statement was published in the January 1989 edition of the CDA Journal.

Correspondence has been received from the Ontario Society of Public Health Dentists identifying a concern in this area, and submitting an addendum to the statement for CDA consideration. Executive Council confirmed the current statement, noting that it provides scope to cover the utilization of hygienists in public health settings. Council also felt that the proposed modification might compromise the fundamental principle that the dentist is responsible for primary care.

APPENDIX VI

12. Access to the Profession

The NDEB is currently reviewing audit processes for the national dental examinations. The Executive Council has noted a request made to the Committee on Student Affairs to assist in this process. Council expressed concern that more formal discussion with CDA had not taken place prior to this request being made to the Committee on Student Affairs, in order that the full ramifications be examined.

The appended correspondence details Council's concerns.

APPENDIX VII

13. CDA Policy Manual - Review

A review is being conducted of CDA position and guideline papers contained in the CDA policy manual. Documents requiring review and revision are being identified and will be referred to the appropriate councils/committees for necessary action.

14. Communications

In January 1989, Executive Council reviewed the strategic framework for a comprehensive CDA communications plan. At that time, Council endorsed the direction of the planning process, approved certain priority activities for 1989, and requested that further detail be provided at the June Meeting.

Considerable progress has been made over the last four months:

- The strategic framework has been shared and discussed with CDA Councils and Committees with explicit communications mandates: Publications, Membership, Information Services.
- Consultation has taken place with key CDA staff on communication roles, responsibilities, resources and operating structure to support successful implementation.
- Consultation has also taken place with selected individuals in organized dentistry, business, industry and government on current perceptions of CDA and future directions.
- Communique is on a regular publishing schedule with three issues already in print, and three more planned for the balance of 1989.
- A new visual identity program has been developed with a launch target of October 1989 as part of the 1990 membership campaign. At the June meeting, the Executive Council reviewed proposals presented for a new visual identity for the Canadian Dental Association and has approved a new CDA I.D. Further information on the new identity will be presented at the Annual Meeting.
- A new CDA membership booth and program is in development with a launch planned for Vancouver.
- CDA's first Annual Report is scheduled for October 1989 for use as part of the membership campaign.

- An improved computerized customer database is in development for implementation in December 1989.

An action plan for the complete development and implementation of CDA's comprehensive communications program was presented to the Executive Council in June. The action plan incorporated the above activities, along with others, into an integrated approach to a more efficient, more effective CDA communication program. The proposal calls for the re-structuring of a number of current lines of activity, the introduction of new functions, and resources essential to implementation. Management of overall communication is recommended through the utilization of a communications Steering Committee reporting directly to Executive Council. The Executive Council has approved the concept of a comprehensive communications program as presented in the action plan, and has directed staff to proceed in keeping with financial resource allocations and the overall priorities of the Association.

15. CDA Appointments - Council on Education - Council on Accreditation

In consultation with the Committee on Nominations, Awards and Trusts, the Executive Council has approved the following CDA appointments to the Council on Education and the Council on Accreditation:

Council on Education

- Dr. Gordon Thompson
- Dr. Joel Epstein (Hospital and Institutional Dentistry)

Council on Accreditation

- Dr. Arthur Schwartz
- Dr. D.J. Murphy (Hospital and Institutional Dentistry)

16. Honours and Awards

Honorary Membership

The annual nominations for Honorary Membership were reviewed by the Executive Council. Executive Council is most pleased to announce that Dr. Robert N. Hicks of West Vancouver, B.C., and Dr. P. Ralph Crawford of Winnipeg, Manitoba have been awarded Honorary Membership in the Canadian Dental Association.

Distinguished Service Award

Nominations for the Distinguished Service Award were reviewed by Executive Council. The Distinguished Service Award has been granted to Dr. Arthur Schwartz of Winnipeg, Manitoba, Dr. Ken Bentley of Montreal, Quebec, Dr. Ted Ramage of Vancouver, B.C. and Dr. Donald Steeves of Moncton, New Brunswick.

CDA Award of Merit

The Award of Merit has been granted to Drs. John Phillips of Oshawa, Ontario, Bruce Bowden of St. John's, Newfoundland, and Frank Copithorne of North Vancouver, B.C.

Executive Council extends sincere congratulations to all 1989 recipients of honours and awards. Further information is contained in the report of the Committee on Nominations, Awards and Trusts.

17. Media Interviews - Media Training

Media interview data and positioning are being developed on the following topics: malpractice, mercury amalgams, denture therapists, the consumer products recognition program, new products, dental materials, and fluoridation. When finalized, this information will be incorporated into the CDA media handbook.

The following members of Executive Council and staff participated in a Media Relations Workshop on Wednesday, June 7: Dr. Kevin Roach, Dr. Gilles Dubé, Dr. Les Allen, Dr. Bernie Dolansky, Dr. Bryun Sigfstead, Dr. Ray Wenn, and Mr. Jardine Neilson.

18. Dental Health Month - Poster Judging

The members of Executive Council served as judges for the 1989 Dental Health Month poster competition. Winners for this year are:

Category A - Kindergarten and Grade 1

Aron Croken, Prince Edward Island

Category B - Grade 2 to 4

Ann-Marie Huizing, Alberta

Category C - Grade 5 to 7

Bethany Croken, Prince Edward Island

19. Executive Council Reception

Members of Executive Council hosted CDA staff at a cocktail reception held on Friday, June 9. This occasion provided the opportunity for the Executive Council and staff members to meet each other in an informal setting.

20. President's Activities

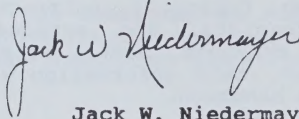
The schedule of activities of the President during his term in office is appended for information.

APPENDIX VIII

21. Council/Committee Reports

Executive Council has reviewed Executive Committee and Council reports as appended, and other items requiring board action follow therein.

Sincerely yours,



Jack W. Niedermayer, B.A., D.D.S.
Chairman, Executive Council

ADOPTION OF REPORT

The Board of Governors accepts the report of Executive Council with appreciation.

CANADIAN DENTISTS' INSURANCE PROGRAM

FINANCIAL STATEMENTS

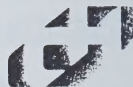
Year Ended December 31, 1988

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Notes to Financial Statements	5

Clarke
Henning
& Co.

Chartered Accountants

44 Victoria Street
Toronto, Ontario
Canada M5C 1Y3
Tel: (416) 364-4421



AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF
CANADIAN DENTAL ASSOCIATION

We have examined the balance sheet of Canadian Dentists' Insurance Program for the year ended December 31, 1988 and the statements of operations and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Program as at December 31, 1988 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
February 8, 1989

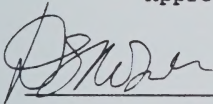
CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

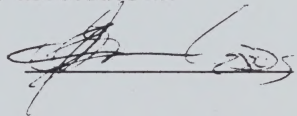
As at December 31, 1988

	1988	1987
ASSETS		
Cash in bank	\$4,383,180	\$5,390,349
Sundry amounts receivable	22,499	30,953
	<u>4,405,679</u>	<u>5,421,302</u>
LIABILITIES		
Deferred income (premiums received from members in advance of due date)	4,390,972	5,410,086
Accounts payable	14,707	11,216
	<u>\$4,405,679</u>	<u>\$5,421,302</u>

Approved on behalf of the Board of Governors of
Canadian Dental Association:



, Governor



, Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Year ended December 31, 1988

	1988	1987
Insurance premiums - gross		
Basic life	\$ 3,057,486	\$ 2,672,281
Dependents' life	263,787	228,257
Accidental death and dismemberment	516,819	492,231
Dependents' accidental death and dismemberment	20,401	18,417
Long term disability	6,885,590	5,372,856
Office overhead	2,009,019	1,820,660
Office contents	1,785,585	1,626,370
Practice interruption	668,439	585,920
General liability	732,724	606,476
Malpractice	4,853,691	4,190,257
Dentists' staff plan	69,350	43,282
Personal umbrella liability plan	37,962	10,631
	<u>20,900,853</u>	<u>17,667,638</u>
Insurance premiums payable to insurers	18,174,654	15,363,165
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	<u>\$ 2,726,199</u>	<u>\$ 2,304,473</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

Year ended December 31, 1988

	1988	1987
Cash provided by (used for) operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$19,904,832	\$18,656,503
Net premiums paid to insurers	(18,185,802)	(15,447,309)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(2,726,199)	(2,304,473)
Increase in cash during the year	(1,007,169)	904,721
Cash in bank - beginning of year	5,390,349	4,485,628
- end of year	<u>\$ 4,383,180</u>	<u>\$ 5,390,349</u>

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTES TO FINANCIAL STATEMENTS

Year ended December 31, 1988

1. General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Services Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements present the financial position and results of operations of Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association.

2. Comparative figures

Certain of the comparative figures have been reclassified to conform with the financial statements presentation adopted for the current year.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

April 21, 1989

Dr. Wesley Dunn, President
Royal College of Dental Surgeons of Ontario
230 St. George Street
Toronto, Ontario
M5R 2N5

Dear Wes,

Let me first of all congratulate you on your election as President of RCDS. It is difficult for me to imagine a more capable person for this post.

I am writing to you at this time with regard to Council's decision, communicated to the Professional Liability Insurance Committee, to the effect that PLIC not participate in the proposed independent study of malpractice insurance needs in Canada.

As you know, for some time now the CDA has had serious concerns regarding fragmentation of the dental malpractice insurance market in Canada. You will therefore understand our disappointment in Council's decision.

Any plan to curtail the tendency towards fragmentation would be somewhat futile, without the participation of the RCDS. I would therefore seek your cooperation in agreeing to meet with the Management Committee of the CDA to discuss the options available to Canadian dentistry in this matter. RCDS discussants would be, of course, your call.

I sincerely hope that you will be able to meet this request.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

/rb

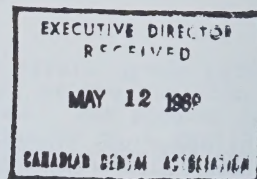
c.c.: Mr. J. Neilson, Exec. Dir.

THE ROYAL COLLEGE
OF DENTAL SURGEONS
OF ONTARIO



1989 05 09

Dr. Jack W. Niedermayer, President
The Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6



Dear Jack:

In order that all members of Council be given the opportunity of considering the contents of your letter of 1989 04 21 and my reply of 1989 04 27, the Chair of our Professional Liability Program Committee requested that the correspondence be considered by Council at the time Council received the PLP report and deliberated on it. Essentially, Jack, Council reaffirmed the position earlier taken by the committee. Council sees little need for a 'study', given that there is no impediment, whatsoever, to the acquisition, by the CDA or CDSPI, of whatever information may be considered useful and which is legally possible to impart.

There are aspects of the long-standing RCDS self-insured program which our Council is firmly of the view should be retained. The Council, too, strongly endorses the statement made in the penultimate paragraph of my 1989 04 27 reply. There will be absolutely no encouragement, on our part, for any other provincial body to follow the self-insured route.

Although I am sorry that Council's deliberations on this matter did not result in the action you sought, may I assure you that your request was carefully and anxiously considered.

Yours sincerely,

Wesley J. Dunn, President
WJD:rw

copies: Dr. G. C. White
Dr. E. J. Fox
Mr. Jardine Neilson
The Registrar

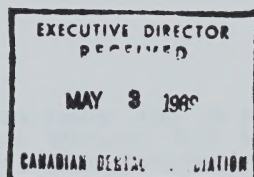
Dictated by Dr. Dunn but not signed by him.

THE ROYAL COLLEGE
OF DENTAL SURGEONS
OF ONTARIO



1989 04 27

Dr. Jack W. Niedermayer, President
The Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6



Dear Jack:

In some haste, I wish to provide you with an interim reply to your letter of 21 April which was 'faxed' to me immediately following its receipt on 26 April. Although I am unhappy being unable -- in view of time constraints -- to sign this letter, I'm sure you will understand the difficulties which geography presents.

First, however, let me express my warmest thanks and appreciation for your congratulations and your all too generous sentiments. I hope that my colleagues on Council will not have cause to regret the action they took.

The Council meets next on 04/05 May. At that time I should like to consult with the Chair of our PLP committee which committee, as you know, was less than persuaded that embarking on a comprehensive national study concerning professional liability coverage would be a significantly-useful and cost effective exercise. The committee, however, is totally willing to co-operate with the CDA and CDSPI in exchanging such information as may be useful.

In spite of any information you may have received to the contrary, the Ontario program, which now is approaching two decades of service, is operating effectively, efficiently, and economically. It would be an enormously-serious policy decision for the Council of our College to agree to wind-up the program in favour of joining within another arrangement which, quite frankly, our Council does not regard as being as favourable as the one from which our members and the public they serve benefit.

... 2

Dr. Jack W. Niedermayer

2.

Let me, Jack, assure you of another matter. Under no circumstances will the RCDS encourage any other provincial jurisdiction to follow the "self-insured" route. As we are more than willing to do with the CDA and CDSPI, we will certainly provide, on request and on a professionally-responsible and collegial basis, such factual information as we are legally able to supply. I don't think we can do otherwise. But that is where it ends. There will be no prompting or urging to follow a similar route.

Shortly after the conclusion of the forthcoming meeting of Council, I shall get back to you, again.

With kindest regards.

Sincerely,

Wesley J. Dunn, President

WJD:rw

copies: Dr. G. C. White
Mr. Jardine Neilson
The Registrar

Dictated by Dr. Dunn but not signed by him.



**Canadian
Dental
Service
Plans Inc.**

Suite 600, 2 Lansing Square
Willowdale, Ontario
M2J 4Z3

Metro Toronto
Telephone: 497-7117

Quebec and Ontario: Except Area Code 807
1-800-265-3411

Office of the Executive Vice-President

May 5, 1989

Mr. A. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Jardine

Re: Eligibility of Individuals

At CDSPI's Board Meeting in December 1988, a motion was passed as follows:

"THAT THE MANAGEMENT COMMITTEE BRING FORWARD A PROPOSAL SO THAT AT JANUARY 1, 1990 NON-ELIGIBLE PARTICIPANTS IN CDIP PLANS CAN BE ASSESSED A NON-ELIGIBLE PARTICIPANT SURCHARGE OVER AND ABOVE THE REGULAR PREMIUM. THE AMOUNT OF THIS SURCHARGE SHOULD APPROACH THE CDA'S MEMBERSHIP FEE THEN IN EFFECT."

The purpose of this motion was for management to review whether or not there was any possibility of levying a "surcharge" to non-members of the CDA or co-sponsoring provincial associations who participate in CDIP.

We asked Campbell, Godfrey and Lewtas for a legal opinion on being able to assess such a fee and they indicated that it was something that CDSPI probably should not become involved in. We attach their letter of March 17, 1989 for your information.

At the recently completed Board Meeting of CDSPI the following motion was passed:

"THAT THE PRESENT PROCEDURE REGARDING ELIGIBILITY OF INDIVIDUALS BE RETAINED."

As you may be aware, the present procedure is to freeze one's benefit coverage, and they cannot participate in premium discounts, nor can they increase their coverage unless they get membership. In regards to general insurance, they are not renewed until January 1st of the following year. These are the procedures that will continue to be followed, although the Board feels that management should still continue to review the matter and bring it back to them.

As part of that review, the Board passed the following motion:

"CDSPI BOARD RECOGNIZES THE CDA'S CONCERN IN THE AREA OF ELIGIBILITY OF PARTICIPANTS AND WILL WELCOME SUGGESTIONS FROM THE CDA EXECUTIVE COUNCIL ON HOW TO DEAL WITH THIS."

-2-

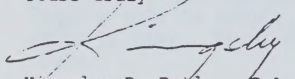
Mr. A. Jardine Neilson

May 5, 1989

Our Board indicated that once such suggestions were received from the CDA, the CDSPI management would continue to review this matter and again approach our Board on the subject.

Could we please have some indication from the CDA Executive Council as to what their position is regarding non-eligibles participating in the programs.

Yours truly



Kingsley D. Butler, C.A.
Executive Vice-President

KDB/mav

Attachment

cc Dr. G. Dubé
Dr. J. N. Wright

CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

P.O. BOX 36
SUITE 3600
TORONTO DOMINION CENTRE
TORONTO, CANADA
M5K 1C5

TELEX 065-24553
TELECOPIER 416 362-2381
RAPICOM 416 860-1249
CABLE ADDRESS "ARNOLD" TORONTO
GENERAL TELEPHONE 416 362-2401

A. BETH MOORE
DIRECT LINE 868-3427
SUB OFF 030328-004

March 17, 1989.

Mr. Kingsley D. Butler,
Canadian Dental Service
Plans Inc.,
Suite 600, 2 Lansing Square,
Willowdale, Ontario,
M2J 4Z3

Dear Kingsley:

Eligibility to Participate in CDIP

I have considered the issues raised in your letter of December 6, 1988 concerning the proposal to assess a non-eligible participant surcharge over and above the regular premium against plan participants who cease to be members of the CDA, the ODA or the QDSA after becoming insured under a CDIP policy.

It is not clear from your letter whether it is intended that the surcharge be charged as a premium or as some sort of CDA fee for access to CDIP as a member services program.

Since insurance premiums are payable to the insurer and CDSPI and the CDA are presumably not interested in conferring a gratuitous benefit on the carriers of the CDIP program I assume that the CDA does not intend that the surcharge be charged as a "premium". As the terms of the CDIP policies do not include such a charge as part of the premiums (and it is questionable whether it could be so included since it would only apply to participants whose memberships in a sponsoring association had lapsed) it would in any event be contrary to the policy terms to assess an additional premium against such participants. Difficulties would also arise where the participant who was being charged the additional premium was a participant in more than one CDIP plan since assessing the surcharge more than once against a participant would be inappropriate. An alternative would be simply to charge the participants whose memberships had lapsed an administration fee. However, the definition of "premium" in the Insurance Act (Ontario) is a broad

definition, including "dues, assessments, administration fees paid for the administration or servicing of [the insurance contract] and other considerations." The surcharge cannot therefore be treated as a service charge or administration fee and invoiced as such on the premium invoice since this would arguably bring it within the definition of "premium".

It would also be undesirable for the surcharge to be payable to CDSPI since there is some risk that the charging of the fee could be construed as an "unfair or deceptive act or practice in the business of insurance" within the meaning of paragraph 393(b)(viii) of the Insurance Act (Ontario). This paragraph describes as an unfair or deceptive act or practice the charging of "any charge by a person for a premium allowance or fee other than as stipulated in a contract of insurance upon which a sales commission is payable to such person." While CDSPI does not receive what we would normally consider to be a "sales commission" for its services to CDA and the insurance carriers it does receive a premium collection fee calculated as a percentage of the premiums remitted to the insurer. While the risk of this section being found to apply is probably relatively small it is an avoidable risk and there does not appear to be any compelling reason why the surcharge needs to be payable to CDSPI.

The most desirable arrangement would appear to me to be for the CDA to invoice dentists directly (and separately from the CDIP premium invoice) for the surcharge as a fee charged by the CDA to non-members who are participating in its member services programs. The revenues received could then presumably be applied in some way to CDIP expenses incurred by the CDA.

The difficulty with this arrangement is in enforcing payment of the surcharge. Expanding the basic eligibility criteria in the insurance policies to include persons who have paid the member services surcharge would have the effect of expanding eligibility beyond members of the sponsoring associations and their employees and families and would not be helpful since the problem which the surcharge is intended to address arises because participants who were eligible have ceased to be eligible. Once the life insurance policy of a participant is in force it can only be cancelled by the insurer for non-payment of premiums. Assuming that for the reasons discussed above the surcharge is not being charged as a premium, the policy of a participant who failed to pay the surcharge could not be cancelled for failure to make the payment. The only recourse would then be to do what is now being done in connection with participants in the benefit plans who have ceased to be members of a sponsoring organization.

With respect to the disability insurance plan we have not had an opportunity to review the new Metropolitan Life master policy since I understand that it is not yet available in its final form. We have however reviewed the provisions of the Imperial Life policy dealing with termination of a participant's insurance. That policy provided that except as specifically provided elsewhere in the policy all insurance of a participant terminates on the earlier of the date that he ceases to be a participant and the date the master policy terminates. It then states that a participant ceases to be a participant on the earliest of the following dates:

- (a) In the case of a non-dentist, the date on which the participant ceases to be associated with the Policyholder.
- (b) In all cases, the date on which the Participant, is considered by the Policyholder no longer to be a Participant.
- (c) In all cases, the annual premium due date coincident with or immediately following the birthday on which the age of the Participant equals the applicable Age Limit, if any.

Paragraphs (a) and (c) are not relevant to the issues under discussion. Paragraph (b) could however provide a mechanism by which the CDA could cause the disability coverage of a participant to be terminated where the surcharge had not been paid. This would be effected by having the CDA make a determination that as of a specified date (probably an annual renewal date) any participant dentist who was not a member of a sponsoring organization or had not paid the surcharge would be considered by the CDA, as the Policyholder, to no longer be a Participant. This would have the effect of terminating the participant's insurance as of the specified date.

If the CDA decides to proceed with the proposed surcharge the provisions of the Metropolitan Life disability policy will have to be reviewed in order to determine whether a similar procedure for terminating coverage is available under the new CDIP policy or whether alternate procedures for achieving the same result are available. If it is decided to impose the surcharge the information sent out with the invoice should make it very clear that failure to either pay it or join a sponsoring organization will result in cancellation of the participant's insurance.

When you have had an opportunity to review this letter please let me know whether there are other issues which you would like us to consider.

Yours truly,

A.B. Moore

A.B. Moore

ABM:KH

APPENDIX IV

TO: Dr. G. Dubé
Vice-President, CDA

FROM: Kingsley D. Butler
Executive Vice-President, CDSPI

DATE: June 5, 1989

RE: Special Claims

Further to your letter of May 29, 1989, and my reply of May 30, 1989, I provide for your information, as requested, a list of claimants having LTD/Office Overhead claims denied by Imperial. This list is showing status as at May 31, 1989.

It does not show names as requested, as this information is confidential.

We trust this is in order.

KDB/dcd

Attachment

cc CDSPI Management Committee

LIST OF CLAIMANTS HAVING LTD/OOE CLAIMS DEFINED BY JUDICIAL AS AT MAY 31, 1989

CLAIMANT	TYPE LTD/OOE	AMOUNT OF INSURANCE	DATE CUSPI NOTIFIED	DATE WHEN CUSPI NOTIFIED JUDICIAL	DATE CLAIM DOCUMENT RECEIVED AT JUDICIAL	LAST DAY AT WORK	DATE BENEFITS SHOULD START	RESERVES	GENERAL REMARKS
#1	Acc't. 10169 Ontario LTD (1/Y) OOE (8-day 100%)	\$2,800 \$2,500	30/05/88	01/06/88	05/12/88	05/05/88 **	06/05/88	Still awaiting info	Approved by M/C Cheques issued - \$19,867.48 (LTD) \$17,174.32 (OOE) Interest - \$1,344.20 Awaiting responses as to whether still experiencing loss
#2	Acc't. 6216 Ontario LTD (30-day) OOE (8-day Red.)	\$1,700 \$1,100	(A) 14/07/88 (B) 12/09/88	18/07/88 21/09/88	03/01/89 03/01/89	24/06/88 14/08/88	05/07/88 ?	Approx. \$21,400	Approved by M/C Cheques issued - \$15,532.19 (LTD) \$ 3,193.52 (OOE) Interest - \$160.70 Ongoing claim to 27/07/90 (age 70) Dr. has 2 unrelated claims being treated as 1
#3	Acc't. 7300 Saskatchewan LTD (1/Y) OOE (8-day 100%)	\$2,600 \$3,900	05/05/88	06/05/88	19/12/88	17/04/88 *	18/04/88	Still awaiting info	Approved by M/C on May 25/89 Amount not yet calculated Ongoing claim
#4	Acc't. 8240 Alberta LTD (30-day) OOE (8-day 100%)	\$1,000 \$ 700	05/04/88	06/04/88	19/01/89	07/07/87 *	03/08/87	Approx. \$53,600	Approved by M/C Cheques issued - \$8,806.45 (LTD) Interest - \$6,230.32 (OOE) Ongoing claim
#5	Acc't. 16784 B.C. LTD (1/Y) LTD (31-day) OOE (8-day 100%) OOE (15-day Red.)	\$1,000 \$2,000 \$3,000 \$6,000	?	?	04/01/89	09/05/88 **	10/05/88	Still awaiting info	Approved by M/C Cheques issued - \$225.80 Interest - \$7.42 Awaiting clarification of figures Ongoing claim

GENERAL
REMARKS

Dr. worked on and off from Oct. '87 to end of Oct. '88. Now totally disabled. Ongoing claim. Approved! Approved by H/C.
First cheque issued: \$31,995.57 (LTD)
\$46,281.95 (OOG)
Interest - \$3,390.46

Dr. submitted his claim form within 90 days. Physician's report received 6 days after the 90-day period had elapsed. Claim approved by H/C.
Cheques issued: \$1,793.73 (LTD)
Interest - \$229.07
\$4,389.62 (OOG)
File now closed

All new information requested on Met form on Apr-27/89. Met to write a registered letter stating if info not in within 14 days, file closed.

Approved by H/C.
Cheques issued: \$1,423.72 (LTD)
Interest - \$70.95
File now closed.

RESERVES
Approx. \$450,000

Paid in full

Still awaiting info

Paid in full

DATE CLAIM RECEIVED AT IMPERIAL
DATE CLAIM RECEIVED AT IMPERIAL
DATE CLAIM RECEIVED AT IMPERIAL
DATE CLAIM RECEIVED AT IMPERIAL

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CLAIMANT	TYPE LTD/OPF	AMOUNT OF INSURANCE	DATE CORP NOTIFIED	DATE WHEN CORP NOTIFIED IMPERIAL	DATE CLAIM DOCUMENT RECEIVED AT IMPERIAL	LAST DAY AT WORK	DATE RECEIPTS SHOULD START	RESERVES	GENERAL REMARKS
#10 Acct. 7043 Manitoba	LTD 1st day	\$ 4,000	18/05/88 10/08/87 25/08/87	20/05/88	08/11/88	31/08/87	08/09/87	Paid in full	Returned to work. File closed. Approved by M/C. Cheques issued: \$17,518.24 (LTD) \$17,518.24 (OPF) Interest - \$1,642.38
#11 Acct. 5590 E. 11346 Ontario	LTD 1/1 OPF-7 day Option 11	\$ 3,400 \$ 2,300	06/09/88	02/09/88	05/12/88	21/08/88	22/08/88	\$150,000	Documents sent Sept. 19/88 to Imperial. Approved by M/C. First cheque issued: \$14,913.88 (LTD) \$10,088.66 (OPF) Interest - \$728.09 Ongoing claim.
#12 Acct. 9008 N.C.	LTD-10 day OPF-14 day Option 1	\$ 4,000 \$ 3,000	09/09/88	11/09/88	09/11/88	16/06/88	17/06/88	Still awaiting info	According to claimant, initial claim form was submitted within 90 days - AVE not available - was delayed. Ongoing claim with proposals of return to work on March 1, 1989. Need clarification figures from Sept. '88 to March 1, 1989. Amounts paid: \$8,469.80 (LTD) \$8,099.97 (OPF) Interest - \$736.31
#13 Acct. 7022 Alberta	LTD (1/0) OPF-7 day Option 11	\$ 2,700 \$ 4,900	05/10/88	07/10/88	09/11/88	31/05/88 ***	01/06/88	\$240,000	Ongoing claim. Approved by M/C. First cheque issued: \$29,069.98 (LTD) \$52,756.63 (OPF) Interest - \$1,577.88

CLAIMANT	TYPE LTD/COB	AMOUNT OF INSURANCE	DATE CIGEP NOTIFIED	DATE WHEN COSTS NOTIFIED IMPERIAL	DATE CLAIM DOCUMENT RECEIVED AT IMPERIAL	LAST PAY AT WORK	DATE BENEFITS SHOULD START	RESERVES	GENERAL REMARKS
#19 Acct. 157 P.E.I.	LTD (1/8) LTD (90-day) COB LTD (8-day 100%)	\$ 3,800 \$ 2,200 \$ 4,900	We became aware of possible claim in June 1988	14/07/88	30/02/88	05/06/88 ***	16/06/88	RTP 7/12/88 Still awaiting info.	Approved by M/C May 25, 1999. Cheques to be issued: \$ 8,613.33 (LTD) \$11,106.66 (COB) Partial to Dec. to be calculated. Interest also to be calculated. File should close after receipt of partial figures
#20 Acct. 640H Ontario	LTD (1/8) LTD/2 yr. sick	\$ 600	?	?	04/01/89	09/09/88	17/09/88	Still awaiting info	Approved by M/C Cheques to be issued: \$5,060 (LTD) Interest to be calculated Ongoing for 24 months
#21 Acct. 27279 Ontario	LTD (1/8 COB)	\$ 4,000	19/10/88	?	04/01/89	28/09/88	29/09/88 (unofficial)	Still awaiting info	Dr. came in 05/05/89 to sign Authorisation for Imperial to release info 29/05/89. Followed up and Imperial to send ASAP
#22 Acct. 13797 Ontario	LTD (1/8) LTD (1/8 COB) LTD (31-day COB) COB (15-day Red.)	\$ 1,000 \$ 300 \$ 1,400 \$ 3,000	03/05/88	?	14/02/89	27/09/88	28/09/88 (payment from Met at a later date)	Unknown prognosis	Claimant was initially paid benefits by Imperial. Went back to work and became disabled again. It took almost 3 mos. to conclude that it is a continuation of original claim. Memo now gone to Imperial to request they honor claim.
#23 Acct. 555H Ontario	LTD (1/8) LTD/2 yr. sick	\$ 400	22/08/88	?	27/02/89	14/07/88	22/07/88 (unofficial)	Not yet available	Not yet assessed by Met. Returned to P.Y. Mt. Dec-5/88. Ago 66, so max. would be 24 months. As per M/C request letter being sent stating they can submit claim through Met.

CLAIMANT	TYPE	AMOUNT OF INSURANCE	DATE CLAIM NOTIFIED	DATE WHEN CLAIM IDENTIFIED	DATE CLAIM DOCUMENT RECEIVED AT IMPERIAL	LAST DAY AT WORK	DATE BENEFITS SHOULD START	RESERVES	GENERAL REMARKS
74 Acct. 11445 N.C.	LTD (31-day) OR (15-day) 100%	\$ 2,500 \$ 1,000	10/05/88	7	01/01/89	09/04/88	24/04/88 (unofficial)	Not yet available	Not yet approved by M/C. Letter to be sent notifying Dr. that Met are prepared to adjudicate claim
75 Acct. 6416 Ontario	LTD (1/8) LTD (31-day) OR (8-day) 100%	\$ 700 \$ 700 \$ 500	01/03/89	01/03/89	11/04/89	02/03/88	03/07/88 (unofficial)	Not yet available	Not yet approved by M/C. Letter to be sent notifying Dr. that Met are prepared to adjudicate claim
76 Acct. 5082 Ontario	LTD (1/8) CMA OR (8-day) OR (8-day) 100%	\$ 5,000 \$ 5,000 \$ 4,200	11/09/88	7	01/05/89	16/08/88	24/08/88 (unofficial)	Not yet available	Not yet approved by M/C. Claim originally sent to Met on Met form. We had to get Imperial form completed and sent to Imperial 03/05/89. All necessary documents to be sent to M/C for approval on June 7, 1989
77 Acct. on Nfld.	LTD (1/8) CMA OR (8-day) OR (8-day) 100%	\$ 4,000 \$ 500 \$ 4,500	16/12/88	7	10/04/89	09/12/88	10/12/88 (unofficial)	Not yet available	Not yet approved by M/C. Letter to be sent notifying Dr. that Met are prepared to adjudicate claim
								TOTAL RESERVES KIMM: \$926,500	TOTAL PAID TO MAY 31, 1989: \$354,928.82

* Time expired - legal action can be taken depending on date position.

** Filled notice of claim - not protecting right to sue - \$ two small

*** Filled notice of claim

416 960-2700

Facsimile: 416 960-2819

TPF&C

a Towers Perrin company

VIA FAX

May 26, 1989

Our Reference: 00669/043

Mr. K.D. Butler
Executive Vice President
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

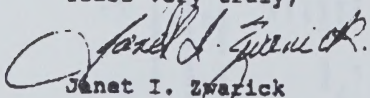
DISTRIBUTION OF LIFE SURPLUS

We are unable to provide you with our usual annual report regarding the distribution of Life Surplus (in the form of premium credits) until such time as we receive and audit the 1988 annual financial statements which are being prepared by Laurentian/Imperial.

The financial data which supports the financial statements has been reviewed by us and returned to Laurentian/Imperial for correction. We have not received the summarized financial statements, therefore, we cannot proceed any further with either the audit or the preparation of the report regarding Surplus distribution.

The required report will be prepared after we have completed our audit. I cannot give you a deadline date since we have no control over Laurentian/Imperial's timing. Our work will be performed as soon as possible, following receipt of the statements.

Yours very truly,


Janet I. Zvarick

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JIZ/gk



APPENDIX VI

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

June 12, 1989

Dr. Frank M. Wilson, President
Ontario Society of Public Health Dentists
Kingston, Frontenac, Lennox and Addington
Health Unit
221 Portsmouth Avenue
KINGSTON, Ontario
K7M 1V5

Dear Dr. Wilson:

The CDA Executive Council discussed your letter of May 31st at its meeting in Ottawa on June 9, 1989. As invited in my earlier letter, you suggested a change in wording in the CDA policy statement on Supervision Requirements for Dental Hygienists. The proposed change was reviewed and I was asked to convey to you the decision of Executive Council.

Executive Council reiterated that there is scope in the supervision statement, as it stands, to cover the utilization of hygienists in public health settings. It was also felt that the proposed modification might compromise the fundamental principle that the dentist is responsible for primary care.

It was noted that the definition of the practice of dental hygiene in the last draft of the Ontario Health Professions Legislation Review Commission states:

"The practice of hygiene is the assessment of teeth and adjacent tissues and treatment by preventive and therapeutic measures and provision of restorative and orthodontic procedures and services upon the order of a dentist."

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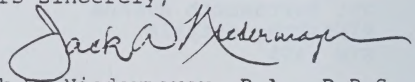
Dr. Frank Wilson, President
Ontario Society of Public Health Dentists

Page 2

I would emphasize that the CDA position statement is philosophically similar to this statement (although the provincial interpretation of practise and enforcement is dependent upon the provincial authorities). If the Ontario Licensing authority has, as you state, granted an exemption to public health dentistry in Ontario, that should not change the CDA's policy.

Please contact me if I can clarify the CDA position in response to your suggestion.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Jack W. Niedermayer". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jack W. Niedermayer, B.A., D.D.S.
President



OSPHD

ONTARIO SOCIETY OF PUBLIC HEALTH DENTISTS

May 31, 1989.

Dr. J. W. Niedermayer, President,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Re: CDA Dental Hygienist Supervision Statement

Dear Dr. Niedermayer:

The OSPHD is pleased to have the opportunity to add an addendum to the above mentioned statement which will: a) help ensure the continuation of provision of public health programs, and b) not allow any impediment for hygienists to perform public health activities.

As you know, the statement as it stands now is not acceptable to public health dentistry in Ontario as it could have a very serious impact on the provision of screening services, the new Children In Need Of Treatment (CINOT) program and the proposed Senior's Dental Services program.

The Society understands that the "notwithstanding" clause in the By-Laws for Dental Hygienists, authorized under Section 12 of the former Dentistry Amendment Act (1966) is still in force. In that regard the Society would like to submit as an addendum Clause XVI of the By-Laws and a definition of Direction which read:

CLAUSE XVI

"Nothing in this By-Law prevents the employment in Public Health activities under the supervision and control of a member of the College of a dental hygienist who is registered under the By-Law."

DEFINITION OF DIRECTION IN REGARD TO PUBLIC HEALTH PROGRAMS

Direction means the authorization of procedures, whether or not a member is present: a) subject to a duty to record and report to a member, and b) while the procedure is being performed. This definition added to Item (a) in the CDA definition of Direction.

The public is indeed protected by means of program policy and procedure manuals, standing orders and accountability to local Boards of Health. To our collective knowledge, public health programs involving registered dental hygienists have operated for many, many years without serious complaint and we expect that very enviable and responsible record to continue.

Thank you for allowing the OSPHD to respond and trust that it will be placed on the agenda for your Board meeting scheduled for June 8-10, 1989. We look forward to the Board's reply.

Sincerely yours,

Frank M. Wilson

Dr. Frank M. Wilson,
President.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRESIDENT

March 8, 1989

Dr. Frank M. Wilson
President
Ontario Society of Public Health Dentists
Kingston, Frontenac, Lennox and
Addington Health Unit
221 Portsmouth Avenue
Kingston, Ontario
K7M 1V5

Dear Dr. Wilson:

Thank you for your letter of February 23rd and your comments on the Canadian Dental Association's position on Dental Hygiene Supervision. Interestingly enough, the intent of the Committee which prepared the statement was to produce a more liberal statement than national positions previously recorded on this topic. A specific concern of the Committee was to provide the latitude required to permit the effective utilization of dental hygienists in Public Health settings.

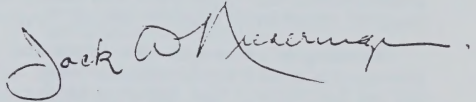
As noted in the fourth paragraph of your letter, the national position has to be applicable to both private practice and public health settings and principles of supervision (if they are truly principles) should not vary with circumstances. A particular difficulty faced by the Committee was the need to provide scope for the Public Health setting while building in reasonable protection against the creation of "prophy parlour" operations which would represent an abuse of the desired flexibility. If read carefully, the position statement does provide the scope you are looking for.

Under Category 2, Direction, the dentist does not have to be physically present when the hygienist carries out assigned duties. The physical examination of the patient may have taken place during a screening program on an earlier occasion. The number of hygienists supervised by a dentist in this fashion is subject to some of the constraints outlined under the heading "Consideration affecting choice of supervisory arrangement".

-2-

Perhaps this explanation of the intent of the policy statement will enable you and your colleagues to read and interpret it in the fashion intended; if there are unresolved questions or concerns, perhaps you would call Brian Henderson at the Canadian Dental Association and review them with him; Mr. Henderson provided the senior staff support to the Committee which worked on the document and is in a position to record and convey any unresolved points.

Yours sincerely

A handwritten signature in dark ink, reading "Jack W. Niedermayer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jack W. Niedermayer, B.A., D.D.S.
President



OSPHD

ONTARIO SOCIETY OF PUBLIC HEALTH DENTISTS

February 23, 1989.

Dr. J. W. Niedermayer, President and Members of Executive Council,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Re: Dental hygienists supervision statement approved by the
Canadian Dental Association Board of Governors

Dear Dr. Niedermayer and Members of Executive Council:

The above article in the CDA Journal of January 1989, Vol 55, # 1 on pages 14 and 15 presents some disturbing information which could have a detrimental impact on dental public health programs in Ontario.

I refer in particular to Category 2: Direction. If ever this definition of direction is supported by the provincial licensing body, it would surely end most of the public health dental hygiene services in the province. It would also effectively eliminate the newly implemented and successful Children In Need Of Treatment (CINOT) Dental Program screenings and follow-up procedures.

Dental public health has a mandate to provide screening programs and also preventive agent applications under authority of the Health Protection & Promotion Act (1983) and Ontario Regulations 515/84 and 515/87. It would be impossible to operate such services which require numerous hygienists performing their duties at the same time in several locations and also to comply with the conditions listed under Direction.

The two types of dentistry - private practice and public health - require different regulations when the issue of supervision/direction is involved. It is vitally important that both public health dentistry and hygiene be represented during any such discussions to help ensure that statements made are appropriate to the needs of each type of dental practice.

The OSPHD would welcome a response from the Canadian Dental Association in regard to this potentially serious matter and I look forward to your earliest reply.

Yours sincerely,

Frank Wilson

Dr. Frank M. Wilson,
President.

p.c. Dr. Coulby	Dr. Main
Dr. Hamilton	Dr. McFarlane
Dr. Hicks	Dr. Tipping
Dr. Leake	Dr. Warrick

Dental hygienists supervision statement approved by CDA Board of Governors

At the 1988 annual meeting the Board of Governors of the Canadian Dental Association approved a statement on supervision requirements for dental hygienists.

Background comments stated that the dental profession supports the concept of an oral health care delivery team and the use of dental auxiliaries, within specific parameters, to expand opportunities for patient care and contain costs.

The Canadian Dental Association (CDA) is concerned with standards of oral health care delivery in Canada and recognizes the initiatives of provincial governments and other groups, toward defining and rationalizing the duties of all types of health care workers and their working relationships. This position paper is formulated in an effort to avoid decisions being made that may compromise the quality of patient care. Δ

Supervision Requirements for Dental Hygienists

Important Principles

CDA believes that any definition of the working relationship of the dentist and the dental hygienist, or of supervisory requirements for the latter, must respect the following principles:

- 1.(a) The dentist directs the oral health care delivery team because he or she is prepared and qualified to provide a comprehensive differential diagnosis of oral health status, to plan and render treatment required and to refer patients, as required, to another dentist or physician.
- (b) Primary oral health assessment requires a comprehensive differential diagnosis and treatment planning.
- (c) Dental hygiene is one frequently required group of oral therapies that may be indicated by a differential diagnosis.
- (d) Patient care is enhanced by an effective working relationship between the dentist and the dental hygienist.
- (e) Comprehensive patient oral health care cannot be achieved if the dental hygienist is an independent practitioner not subject to the supervision of a dentist.
- 2.(a) Dental hygienists licensed by Dental Licensing Authorities should have representation — with full rights and responsibilities, including the right to vote — on the Board of the Dental Licensing Authority.

Practical Arrangements for Supervision of Hygienists

Every patient treated by a hygienist must first have the advantage of current diagnosis and treatment planning by a qualified dentist. The use of the dental hygienist within the oral health care delivery team does not necessarily imply, however, that a dentist has to monitor every aspect of the work of the dental hygienist every time a patient is treated by a hygienist.

On the contrary, growing needs for oral health care, particularly in chronic care institutions, require supervisory arrangements that could permit appropriate scope for the hygienist while respecting the principles noted earlier.

CDA believes that there are two general approaches to supervisory arrangements which may be employed at the discretion of a dentist, as provincial regulations permit, to provide the varying degrees of scope appropriate in various circumstances while ensuring that the dentist is responsible for patient care. These approaches are described below.

While this document outlines two approaches to supervision endorsed and supported by the Canadian Dental Association, at the national level. It does not supersede, replace or affect provincially defined requirements for supervision outlined under the authority of the dental licensing body recognized under provincial legislation.

CATEGORY 1: IMMEDIATE SUPERVISION

Some duties or procedures performed by dental hygienists require supervision by a dentist who is physically present in the office and immediately available.

Definition of IMMEDIATE SUPERVISION

Immediate supervision means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice or assistance made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.
- (e) Be physically present in the office suite or institutional dental service.

CATEGORY 2: DIRECTION

Certain duties or procedures performed by dental hygienists may not require the dentist to be physically present in the office and immediately available.

For example, in long term care institutions or public health programs involving target groups of patients, a dental hygienist may be employed to carry out specific assigned duties under DIRECTION.

Definition of DIRECTION

Direction means that a licensed dentist must:

- (a) Through direct examination of the patient diagnose the condition to be treated.
- (b) Authorize the procedures to be performed.
- (c) Respond in a practical fashion to requests for advice or assistance made by the dental hygienist.
- (d) Review with the dental hygienist patient care provided and determine immediacy of requirement for the next dental examination of the patient.

Considerations affecting choice of supervisory arrangement

Where provincial regulations permit, dentists may choose to delegate specific duties to dental hygienists under either IMMEDIATE SUPERVISION or DIRECTION while retaining full responsibility for patient care. While some duties of dental hygienists may be performed under DIRECTION rather than IMMEDIATE SUPERVISION, in making the choice of arrangements for supervision, the dentist must recognize that there are a number of factors to be taken into account beyond the consideration that the duties fall within the appropriate category of supervision. Some specific considerations include the following:

1. Seriously ill patients: Patients classified as medically compromised present varying degrees of difficulty or risk with respect to dental care. Medically-compromised patients judged to be at high risk

should receive treatment by a hygienist only under IMMEDIATE SUPERVISION.

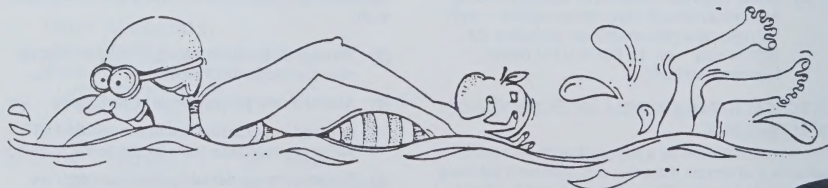
2. Range of supervisory responsibilities: The dentist should provide IMMEDIATE SUPERVISION if he or she is accepting responsibility for the work of numerous hygienists who are performing their duties at the same time. Dentists must recognize that the range of supervisory responsibility accepted must be reasonable and that they are accountable for their ability to ensure adequate patient care.
3. Experience of the dental hygienist: A dentist should not permit a dental hygienist to work under DIRECTION until he or she has confidence in the individual dental hygienist and the dental hygienist feels prepared to do so.

Permitted Dental Hygiene procedures may be performed under DIRECTION outside the dental office of the directing dentist provided the conditions outlined in (a) (b) (c) and (d) above have been satisfied. AND the following supplementary condition is unequivocally met:

The dental hygienist is performing the duties within an institution which provides medical services to which the dental patient has ready access (i.e. a physician is immediately available or on call) and the dental patient is under the overall care of a physician cooperating in the provision of the institutional medical services.

Conclusion

Although Dental Hygienists, on the basis of their education, training and expertise cannot be viewed and are not recognized as primary care health workers or providers, they are qualified and recognized as members of the oral health care team providing a limited range of services under the supervision of a dentist. While the appropriate arrangement for supervision (immediate supervision or direction) is a matter of choice, supervision is always required and the services rendered by a hygienist are of benefit only within the context of comprehensive oral health care provided by a dentist.



Oh what a feeling!





CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

March 15, 1989

Miss Margaret Walsh, R.D.H.
Simcoe County District Health Unit
County Administration Centre
Midhurst, Ontario LOL 1X0

Dear Miss Walsh:

Thank you for your letter of March 8, 1989. In response, I am enclosing a copy of a letter sent to Dr. Frank Wilson, clarifying that the CDA position on Supervision of Dental Hygienists extends the scope required for hygienists to work without a dentist present in public health settings.

Your letter suggests, however, that the CDA position should recognize that hygienists can work with patients who have not had the benefit of a comprehensive preliminary oral health examination by the dentist. On this point, we respectfully disagree.

CDA's position is deliberately intended to reflect the principle that the dentist is the primary care provider prepared and qualified to render a differential diagnosis and to assign patients for dental hygiene care. We do not support the position that the dental hygienist should function as the primary care worker who receives the patient, makes a decision to undertake dental hygiene and decides whether or not to refer the patient to the dentist. We do not believe that public health screening programs based upon initial patient assessment by a dentist need to be prohibitive or impractical in terms of cost, logistics or any other dimension.

Yours sincerely

Jack W. Niedermayer, B.A., D.D.S.
President

c.c. Dr. Frank Wilson, OSPHD
Dr. William Glave, ODA
Tammy Gouweloos, ODHA
Ellen Williams, CDHA



Simcoe County District Health Unit

County Administration Centre, Midhurst, Ontario L0L 1X0 (705) 726-0100

March 8, 1989

Dr. J. W. Niedermayer, President
Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario
K1G 3Y6

RE: Dental Hygienists supervision statement approved by
the Canadian Dental Association Board of Governors

Dear Dr. Niedermayer:

The Ontario Society for Supervisors in Public Health Dentistry recently met and discussed the above mentioned CDA statement. Serious concerns are evident to those of us involved in Ontario public health programs.

In public health programs it is not possible for direct examination and diagnosis by a dentist prior to a dental hygiene service offered. This would effectively eliminate the present screening and follow-up of children which is the basis of the new Children In Need of Treatment Program (CINOT) in Ontario.

Most health units employ several dental hygienists to carry out the screenings and preventive care mandated through the Health Protection and Promotion Act (1983). To require immediate supervision when the dentist is responsible for more than one dental hygienist would bring our public health programs to a standstill.

.... /2

Branch Offices:

470

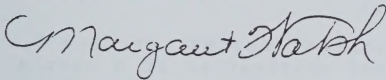
Alliston	Barrie	Bradford	Collingwood	Midland	Orillia	Innisfil
60 Boyne St. L0M 1A0 435-5591	370 Dunlop St. W. Unit 1201 L4N 5R7 721-7330	76 Holland St. W. L3Z 2B2 775-5305	280 Pretty River Pkwy. L9Y 4J5 445-0804	1 St. Andrew's Drive Box 626 L4R 4L3 526-9324	26 Colborne St. E. L3V 1T3 325-9565	Municipal Office Stroud L0L 2M0 436-3710

The Ministry of Health apparently feels that the training and education of dental hygienists is sufficient to ensure the public is protected and services are delivered in a cost effective manner without such stringent supervision guidelines. To the best of our knowledge there has not been a complaint lodged regarding public health dental hygiene services.

Representation and consultation with dental hygienists in public health prior to the formulation of this statement surely could have assisted in a more workable end product.

Sincerely,

On Behalf of the Ontario
Society of Supervisors in Public
Health Dentistry,

A handwritten signature in cursive script, reading "Margaret Walsh".

Margaret Walsh,

MW/nr

cc: Dr. Frank Wilson, OSPHD
Dr. William Glave, ODA
Tammy Gouweloos, ODHA
Ellen Williams, CDHA



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

June 12, 1989

Dr. A. MacLean
President
National Dental Examining Board of Canada
271 Water Street
Summerside, P.E.I.
C1N 1B5

Dear Dr. MacLean:

The CDA Executive Council discussed, on June 9, 1989, the subject of NDEB's proposed examination of a sample of Canadian dental graduates as part of its current review of the national certification examination process. I was asked to inform you that the Executive Council is very concerned about this proposal and urgently requests reconsideration of the decision to proceed.

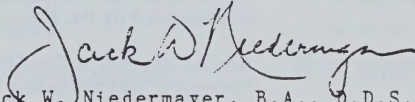
Students in Canadian Faculties of Dentistry generally do not have extensive experience with traditional summative examination processes. Students are more commonly evaluated on an ongoing, formative basis involving a variety of methods including tests, projects and clinical assessments. Student performance on the NDEB examination might consequently not be indicative of a student's true ability. More importantly, these results might not be directly comparable to the results one might get from dentists who have practice experience.

In our opinion, it is unwise to create a situation which might generate potential misinterpretation. Such a misinterpretation would be prejudicial to the current cooperative arrangement under which current graduates of accredited programs are granted NDEB certificates. Further, it could place NDEB, and indirectly CDA, in the difficult situation of explaining an inferior result that was not based on a valid sampling situation.

-2-

We do, however, encourage you to continue to review the certification examination process and to pursue the establishment of an external verification mechanism as previously suggested.

Yours sincerely

A handwritten signature in dark ink, appearing to read "Jack W. Niedermayer". The signature is fluid and cursive, with the first name "Jack" being more prominent and the last name "Niedermayer" written in a continuous script.

Jack W. Niedermayer, B.A., D.D.S.
President

c.c. Mr. J. Neilson, Executive Director

SCHEDULE FOR DR. JACK W. NIEDERMAYER, PRESIDENT1988-891988

August 20	Executive Council	Edmonton
August 21	Meeting with CDSPI Board of Directors and CDA Executive Council	Edmonton
September 7	Welcome to the Profession - U. of Toronto (represented by Dr. Kevin Roach)	Toronto
September 21-22	Annual Meeting of Fed./Prov. Dental Directors Health Council	Winnipeg
September 26	Welcome to the Profession - Western (represented by Dr. B. Dolansky)	London
October 8-13	American Dental Association/FDI Congress	Washington
October 13	Welcome to the Profession - Dalhousie (represented by Dr. R. Wenn)	Halifax
October 18	Information Night - University of Toronto (represented by Dr. J. Gryfe)	Toronto
October 20	Toronto All Societies Meeting (represented by Dr. K. Roach)	Toronto
October 20	Meeting between QDSA Executive and CDA re Re-Tendering (represented by Dr. Dolansky and Mr. Neilson)	Montreal
October 26-27	Management Committee	Montebello
October 28-30	Executive Council/Planning Session	Montebello
November 7	Information Night - University of Western (represented by Dr. B. Dolansky)	London
November 14-15	NDEB Annual Meeting (represented by Mr. A.J. Neilson)	Ottawa
November 16	Welcome to the Profession - Laval University (represented by Dr. G. Dubé)	Québec
November 25-26	ODA Fall Board Meeting (represented by Mr. A.J. Neilson and Dr. K. Roach)	Toronto

1988

December 6	Moose Jaw Dental Society Meeting	Moose Jaw
December 13	Saskatchewan Institute of Applied Arts and Technology (Address by the President)	Regina

1989

January 19-21	Manitoba Dental Association Annual Meeting and Convention	Winnipeg
January 25	Management Committee	Whistler
Jan. 27-28	Executive Council Pre-Board/Budget	Whistler
Feb. 10	CDA/ODA Management Meeting re Electronic Data Interchange	Toronto
Feb. 24	CDA/CDSPI Management	Toronto
Feb. 25	Ontario Dental Nurses and Assistants' Association Meeting (represented by Dr. E. MacSween)	Ottawa
March 9	CDA/ODA Management Meeting - EDI	Toronto
March 30	Management Committee	Ottawa
March 31-Apr. 1	CDA Interim Board of Governors	Ottawa
April 1	Presidents and CEO's meeting	Ottawa
April 2	ACFD/CDA Senior Officers Meeting	Ottawa
April 7	Reception - Dr. Schwartz	Winnipeg
April 27-29	ODA Convention	Toronto
April 30-May 1	ODA Board	Toronto
May 5-6	Newfoundland Annual Meeting	Corner Brook
May 25	University of Saskatchewan - Graduation Banquet	Saskatoon
May 26	University of Toronto - Graduation (represented by Dr. Gryfe)	Toronto
May 29-June 1	Les Journées dentaires du Québec	Montreal

1989

June 1-4	Annual Convention - College of Dental Surgeons of Saskatchewan	Yorkton
June 2	University of Western Ontario Graduation (represented by Dr. Leggett)	London
June 3	New Brunswick Annual Meeting (represented by Dr. R. Wenn)	St. Andrews
June 7	Management Committee	Ottawa
June 8	Media Training	Ottawa
June 8	CDA/CDSPI Management (evening)	Ottawa
June 9-10	Executive Council Pre-Board	Ottawa
June 15-16	ACFD House of Delegates (represented by Dr. Wenn)	London
June 23-24	N.S. Dental Association Annual Meeting	Truro
June 26-27	Annual Meeting - C.D.H.A. (represented by Dr. Roach)	Ottawa
June 28-July 1	International Symposium on Dental Hygiene (represented by Dr. Dubé/Mr. Neilson)	Ottawa
August 2-3	Dental Officer Training Plan Phase III Graduation Ceremonies	CFB Borden
August 24	Canadian Conference on Prosthodontics (represented by Dr. R. Crawford)	Vancouver
August 25-26	Annual Meeting of Board of Governors	Vancouver
August 27-30	CDA Convention	Vancouver

COMMITTEE ON CONSUMER PRODUCT RECOGNITION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. M. Eggert, Chairman, Edmonton
Dr. E.C.S. Chan, Montreal
Dr. W. B. Chapple, Port Hope
Dr. H. Limeback, Toronto
Dr. H. S. Sandhu, London
Dr. G. L. Bowden, Winnipeg

Observer: Dr. M. Akoury, HPB, Health & Welfare Canada

Executive
Liaison: Dr. B. Dolansky, Ottawa

Coordinator: Mr. B. Henderson, Director Professional Services

1. Committee Meetings

The Committee on Consumer Product Recognition held two meetings, on February 10, 1989 and May 12, 1989.

ITEMS REQUIRING BOARD ACTION

2. Adverse Reaction Report Form

The committee has identified a need for an adverse reaction report form to detect problems with adverse reactions to recognized products at an early stage. An appropriate form has been designed and is presented for approval. It is proposed that the form be reproduced in the CDA Journal to advise the profession of its availability. A supply will be maintained at CDA for distribution on request.

APPENDIX I

RESOLVED:

89.50 THAT the CDA Adverse Reaction Report Form (Appendix I) be approved for reproduction and distribution.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. Tartar Control Products

The committee has taken note of a number of problems related to recognition of tartar control products and is following up on advice from executive liaison to remove the tartar control section from the CDA product recognition contract. All companies are being informed that the CDA seal must not be used in a manner that may be misleading and they will be requested to respect the CDA guidelines on the use of the seal of recognition.

4. Anti-Caries Guidelines

Dr. Hardy Limeback is developing a draft of "Guidelines for the Recognition of Products Effective Against Caries". These guidelines will be useful in assisting committee deliberations. It is proposed that the guidelines become an appendix to the Caries Schedule in the CDA Product Recognition Contract. Upon completion, the guidelines will be presented to executive council for information.

5. Therapeutic Claims for Food Products

APPENDIX II

The committee is carefully reviewing the question of whether or not it should recommend that the CDA product recognition program be widened to include food products claiming therapeutic value, such as chewing gum containing xylitol. The general topic is a complex one that presents a number of potential problems, and advice is being obtained from the Food and Drug Directorate of Health and Welfare Canada. An article by Dr. Hardy Limeback and the committee chairman (Appendix II) is presented for information and the committee would appreciate receiving comments and advice. The article, which presents an overview of the topic and problems involved, is also being presented to the CDA Journal for consideration for publication.

6. Gingivitis Control Products Statement

The committee continues to pursue the establishment of a Gingivitis Control Products Statement in consultation with the Health Protection Branch of Health and Welfare Canada. Information is also being obtained on the latest developments in this regard at the American Dental Association.

7. Pharmaceutical Advertising Advisory Board

The Committee considered the possibility of CDA participation on the PAAB. However, there is some concern that such involvement could raise questions about the continuing need for the CPR Committee's approval of advertising for products recognized by CDA. Experience to date indicates that the approval process by the CPR Committee is vital to the credibility of the CDA product recognition process. We will continue to communicate with PAAB and will draw specific concerns to the attention of that body.

8. The CPR Committee has approved and/or renewed the CDA Seal of Recognition for the following products at the two meetings held since the 1988 annual meeting of the CDA Board of Governors: Close-up Toothpaste, Close-up Toothpaste pump, Close-up Gel, Close-up Gel pump, Close-up Gel-mint and Close-up Gel-mint pump.
9. The CPR Committee wishes to indicate our thanks to Ms. Janice Forsythe for her work with the Committee. We are pleased that Mr. Brian Henderson and his staff are now providing administrative support for the activities of our Committee.

Respectfully submitted,

F. Michael Eggert, D.D.S.,
MRCPD(C), MSc., Ph.D.,
Chairman, Consumer Product
Recognition Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Consumer Products Recognition with appreciation.

APPENDIX I

ADVERSE REACTION REPORT RAPPORT SUR LA REACTION ADVERSE AUX PRODUITS

For the purpose of this report, an adverse drug reaction is any undesirable clinical response which might be due to any consumer product or dental medication.

Dans l'intérêt de ce rapport, on considérera comme réaction adverse aux médicaments tout effet clinique indésirable qui pourrait être causé par un produit de consommation ou un médicament dentaire.

Age and Sex of Patient/
Age et sexe du patient:

Onset of Reaction/
Début de la réaction:

Day/Jour	Month/Mois	Year/Année
----------	------------	------------

Duration of Reaction
while using Product?/
Durée de la réaction lors
de l'utilisation du produit?

Day/Jour	Weeks/Semaines	Months/Mois
----------	----------------	-------------

Did reaction stop after
cessation of product use?/
La réaction a-t-elle cessé
quand le produit n'a plus été
utilisé?

Description of Adverse Reaction or Event:/
Description de la réaction ou de l'incident:

Suspected Drug(s)/Produit(s) suspect(s):

Trade Name/Generic Name/Manufacturer:
Nom Déposé/Générique/Fabricant:

Reporter's Name/
Nom du déclarant:

Profession:

Telephone
Téléphone:

Address/
Adresse:

City/Ville:

Postal Code/
Code Postal:

Province:

Return to/
Retournez à:

Canadian Dental Association/Association dentaire canadienne
1815 promenade Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Attention: Consumer Products Recognition
/Reconnaissance des produits de consommation

Xylitol in chewing gum: a discussion on developing CDA guidelines
for the recognition of food products with dental therapeutic claims

Dr. Hardy Limeback, Ph.D., D.D.S.

Member

Dr. F. Michael Eggert, D.D.S., Dip. Perio., M.Sc., Ph.D.

Chairman

CDA Committee for Consumer Products Recognition

Send correspondence and reprint requests to:

Dr. Hardy Limeback, Faculty of Dentistry
124 Edward St. Rm.455
Toronto, Ont. Canada
M5G 1G5

Introduction

The CDA's Consumer Products Recognition (CPR) Committee has given recognition to an increasing number of home-care dental products in the past few years. These have all been fluoride-containing toothpastes and mouthrinses. The anti-carries effect of these fluoridated products has been well established scientifically for over 30 years. It is for this reason that the CPR Committee has awarded such products the CDA Seal of Recognition. Use of the CDA Seal and the CDA Statement on product packaging is overseen by the Health Protection Branch which controls advertising of medications to the public ⁽¹⁾.

New types of products, which manufacturers claim are effective in controlling various dental diseases, are entering the market place. There are plaque-dispersing and anti-plaque or anti-gingivitis mouthrinses, anti-calculus toothpastes, toothpastes specially formulated for children and toothpastes for sensitive adult teeth. Some of these products have already been evaluated by the CPR Committee for their therapeutic effectiveness against dental diseases. Recently, even food products with specific health claims related to dentistry, have been introduced. The CDA Board of Governors is aware of these new developments in dental therapeutics and has authorized the CPR Committee to undertake a scientific evaluation of a number of new types of products with dental therapeutic claims. One of these products is actually a food product with a therapeutic claim against dental caries.

THE ROLE OF FERMENTABLE CARBOHYDRATES IN THE ETIOLOGY OF CARIES

The introduction of food products with anti-carries claims requires the CPR Committee to evaluate the current literature on the cariogenicity of foods. Food is one of the main etiological factors involved in the caries process. For many years researchers

have been studying how plaque bacteria convert dietary carbohydrate into organic acids resulting in enamel demineralization. Animal studies have shown that some types of carbohydrates are more cariogenic than others ⁽²⁾. Cariogenicity of food depends not only on the nature of fermentable carbohydrates in it, but also on its consistency (e.g. sticky versus a liquid), the duration of ingestion (e.g. swallowed quickly versus chewed slowly), the frequency of ingestion (e.g. once a day versus several times a day) and the content of protective substances (e.g. phosphates). Whether a food is actually cariogenic in humans is difficult to study. Clinical investigations such as the Viphholm study⁽³⁾ are unlikely to be repeated because subjects ingesting cariogenic foods are at high risk of developing unwanted caries. There is sufficient evidence to conclude that any food containing fermentable carbohydrate has cariogenic potential. Many confectioneries, snack foods and pediatric medicines fall within this group of foods. The recent report of the FDA Sugars Task Force in the USA concluded that:

"Current average and 90th percentile consumption levels of sugars contribute significantly to caries incidence." ⁽⁴⁾

XYLITOL AND CARIES

Xylitol, a stable sugar alcohol, has been used for years in Europe, and recently in Canada, to replace sucrose in confectioneries and medicines. Xylitol is not fermented by cariogenic bacteria into acids and is, therefore, non-cariogenic. If metabolized at all by other plaque bacteria, it is metabolized very slowly. Therefore, substitution of some or all of the sucrose in the normal diet with xylitol can result in a significant reduction in the incidence of caries ^(5,6). In Switzerland, many of the confectioneries containing xylitol as the principal sweetener are awarded special recognition for being "safe for teeth". Recognition is given if the food does

not lower plaque pH below 5.7 in a standardised in vitro test. (7)
Canada has no such recognition program for foods.

THE NEED FOR CONSISTENT TERMINOLOGY

More than one term has been used to define the clinical efficacy of therapeutic agents in reference to caries. A substance is 'non-cariogenic' if it is not metabolized into acids that can dissolve enamel. A substance may be 'cariostatic' if it has the effect of reducing the incidence of caries or minimizing the caries increment. An 'anti-cariogenic' substance may actually promote the reversal of an early carious lesion (no substance other than a restorative substance can be truly therapeutic once deep cavitation of the enamel has occurred).

THERAPEUTIC CLAIMS VERSUS HEALTH CLAIMS

'Cariostatic' or 'anti-cariogenic' claims are therapeutic claims. 'Non-cariogenic' and 'safe for teeth' are health claims. Advertisements in dental journals have made the claim that xylitol "helps fight cavities" when consumed in chewing gum. These advertisements report quantitative claims for a reduction in the incidence of dental caries. Even though chewing gum is a food product and not a conventional oral hygiene product, this type of claim, or any other non-conventional dental therapeutic claim, should be assessed on its scientific merit.

The CPR Committee will be careful to distinguish simple non-therapeutic claims for improvement in general health such as: "...helps to promote healthy teeth" or "... does not promote dental decay" from therapeutic claims that refer to specific quantitative reductions in dental diseases. A claim such as "...reduces dental caries by 60% relative to controls" should be evaluated as a specific therapeutic claim. A simple non-therapeutic health claim

might require less rigorous scientific clinical support than a specific quantitative therapeutic claim.

The guidelines currently used by the CDA to recognize fluoride-containing products such as toothpastes cannot be applied to chewing gum or similar food products. The CPR Committee is developing guidelines which will be used to review food products which might have a therapeutic effect against dental diseases. Such guidelines could be applicable to any food with an anti-caries claims. We will distinguish effects on caries development from effects on gingival health. Any guidelines will require that the manufacturer provide sufficient scientific evidence supporting the therapeutic claims of the food product containing the active ingredient.

In this article, we are using chewing gum containing xylitol as an example of how a food product with a dental therapeutic claim would be assessed by the CPR Committee. The intent of this article is also to bring the reader up to date on the current scientific evidence supporting the therapeutic effectiveness of chewing gum containing xylitol.

IS CHEWING GUM CONTAINING XYLITOL ANTI-CARIOGENIC?

At the one-day Xylitol Symposium recently held in Ann Arbor, Michigan, a number of international experts discussed the merits of xylitol in controlling caries. In addition to its role as a non-cariogenic sucrose substitute, xylitol may also be 'cariostatic'. Some human and animal studies documenting evidence for both non-cariogenic and cariostatic mechanisms were mentioned. In most of the studies involving human subjects, dietary sucrose was substituted or supplemented with xylitol ^(5,6,8-11). In a number of studies, chewing gum containing xylitol was consumed daily by the test groups while the control groups received no gum ⁽⁹⁻¹⁴⁾. The

chewing gum studies showed that there was a reduction of caries in the group of subjects who chewed the gum containing xylitol. Caries reduction appeared to improve with increasing xylitol consumption but a dose-dependent relationship was not easily demonstrated.

Since chewing gum is a food product and not a pharmaceutical, the xylitol chewing gum studies were carried out as field studies and not as fully double-blinded, clinical trials, which are required for testing pharmaceuticals in humans. However, evidence from these studies and others suggest that chewing gum can help reduce the incidence of caries. To clearly establish the quantitative therapeutic effectiveness of xylitol, additional clinical trials are required. For example, the control subjects in the chewing gum studies either chewed gum with sucrose ⁽¹¹⁾ or no chewing gum at all. ⁽¹²⁻¹⁴⁾ Any quantitative claims of caries reduction by an agent would require a series of full clinical trials in which the control subjects chew gum lacking both xylitol and sucrose (a true vehicle control) in order to establish the effects of the chewing gum alone.

Proven demonstrations of the benefit of fluoridated toothpaste were the numerous, fully-controlled, clinical trials using valid vehicle controls (i.e. toothpaste without fluoride). ⁽¹⁵⁻¹⁸⁾ The equivalent human trials have yet to be performed using unsweetened chewing gum as a vehicle control for anti-caries agents.

Salivary stimulation plays an important role in the cariostatic mechanism of xylitol chewing gum. Xylitol itself may provide salivary stimulation. However, chewing any kind of gum will also stimulate saliva. ⁽¹⁹⁾ In fact, preliminary studies have shown that even chewing gum containing sucrose for 20 minutes after meals helps to neutralize the pH drop in plaque because the sucrose is cleared quickly from the gum (in the first five minutes) and it is

the act of continued chewing, with its associated salivary stimulation, that appears to be beneficial. ^(20, 21) If future studies show that prolonged chewing of gum containing sucrose can also reduce the incidence of caries, then the duration of chewing the gum consumption will be a very important factor to consider.

Is there something truly special about xylitol? Xylitol has been shown to interfere with enamel demineralization. ⁽²²⁻²⁴⁾ Furthermore, it probably also reduces the incidence of caries by limiting the numbers of Streptococcus mutans in plaque. ^(25,26) These 'cariostatic' effects make xylitol the best presently-available sugar substitute for chewing gum, children's medications and, perhaps, a variety of other sweetened products. Some sugar alcohols are less cariogenic in foods when combined with xylitol ⁽⁶⁾. However, the Xylitol Symposium scientists did not feel that there was enough evidence to label xylitol a 'generic' or universally-accepted, therapeutic agent for reducing caries. A universally-accepted, therapeutic agent would have some benefit when added to food products with a high content of fermentable carbohydrate and would provide a margin of protection even in the presence of repeated cariogenic challenges (frequent sucrose exposure). These are two properties of xylitol that have not yet been clearly demonstrated in clinical studies.

THE FUTURE

What position should the CPR Committee take with respect to the health-related claims or the therapeutic claims of food products such as chewing gums? The CDA Board of Governors has authorized the CPR Committee to examine the possibility of establishing guidelines to apply the CDA's Seal of Recognition to food products. The Committee will have to decide whether health claims for food products can be officially recognized.

The wording of the proposed statement accompanying a 'CDA Seal of Recognition for Food Products' should first identify that the product is actually a food product and not a dental therapeutic product. It will be necessary to identify the most effective method of consumption. For example, packaging for a product might state both the claim "Helps fight cavities" and additional information such as "... shown to reduce the formation of new dental cavities if chewed three times a day for five minutes following meals or snacks".

A number of questions about using chewing gum as a vehicle for the delivery of a therapeutic agent such as xylitol, or to promote better oral health, remain unanswered. Even if it were proven that xylitol had a true anti-cariogenic effect on its own, is the level of therapeutic effectiveness one which can be consistently obtained even when existing preventive measures (water fluoridation, regular brushing with fluoridated toothpastes) are already in place? In developing the new guidelines for food products, should new anti-carries active ingredients in food products even be compared to fluoride, which is currently our 'gold standard' in caries reduction studies? For example, mean reduction of the DMF increment scores of 0.5 (fluoride product) and 0.1 (xylitol product) may be reasonable results for typically-designed clinical studies, but even if the 0.1 difference in the xylitol DMF increment was statistically significant, the actual benefit to the public may be marginal. How would the frequent use of chewing gum containing xylitol affect the other major dental disease, periodontitis? Little is known about the metabolism of xylitol by micro-organisms of the intestinal or periodontal microflora. Even though xylitol does not appear to promote adaption by acidogenic dental plaque bacteria,⁽⁵⁾ limiting the growth of S. mutans could perhaps influence the growth of other pathogens in plaque. Focusing only on effects of xylitol on S. mutans may cause us to overlook unsuspected effects on other members of the oral microflora. Would

a CDA Seal of Recognition statement, containing recommendations on the frequency of consumption, inadvertently contribute to an increase in the incidence of TMJ dysfunction (masticatory muscle hyperactivity is known to lead to an increase in the incidence of TMJ dysfunction in susceptible patients ⁽²⁷⁾)? CDA recognition of a chewing gum containing xylitol and other chewing gum products may directly promote the use of chewing gum as a preventive agent for home use and this might even be beneficial for those who have poor oral hygiene habits, but the CDA would not want to see oral hygiene habits deteriorate if gum chewing becomes an additional way of preventing caries.

The Consumer Products Recognition Committee emphasizes that there is a fundamental question to be considered about the appropriateness of food as a vehicle for therapeutic agents. If food were to become heavily used for therapeutic purposes the possibility of unforeseen problems has to be anticipated. Any recognition by CDA (with approval of the appropriate government authorities) of food products for promotion of dental health would have to be accompanied by clearly defined and clearly stated limits to such recognition.

The Consumer Products Recognition Committee will obtain answers to these questions while investigating the possibility of establishing useful guidelines for the recognition of food products for which dental health claims are being made. We are aware of the great potential for self-medication by patients experiencing dental problems since professional help is frequently not sought in the early, relatively painless phases of dental diseases.⁽²⁸⁾ Those products which do not affect the dentition adversely and which have been shown clinically to actually help reduce dental disease will be given consideration for CDA recognition once a set of appropriate guidelines has been developed by the CPR Committee and approved by the Board of Governors of the CDA. Implementation of

any proposed guidelines which recognize food products with health claims or therapeutic claims will ultimately require approval of the Health Protection Branch. ⁽¹⁾

ACKNOWLEDGEMENTS

Thanks are extended to Xyrofin for sponsoring the Xylitol Symposium, to Barry Ashpole (Barry Ashpole and Associates), Liz Garman (Cohn and Wolfe), and Dr. Walter Loesche (University of Michigan) for making it possible for a CDA representative to attend the Xylitol Symposium and to Dr. Ralph Burgess (University of Toronto), Kenneth Sandstrom (American Xyrofin, Inc.), Monty Vorster (Xyrofin Ltd.) and the other CPR Committee members for constructive criticism of this article.

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CONVENTION COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Michel Jahjah, Chairman, Montreal
Dr. Robert Hicks, Vancouver
Dr. Bob Clarke, Vancouver
Dr. Jim Stich, Vancouver
Dr. Ron Zokol, Vancouver
Mrs. Diane Markey, Vancouver

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Convention Committee has met once since the Interim Board, on April 8, 1989.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The following is a short summary of our current activities surrounding the 1989 CDA Convention in Vancouver this August. In light of the fact that any information which is presented to you at this time will change by the Board meeting, the following is a brief review of our activities to date, to be followed by a detailed verbal report at the Board meeting in August.

1. Registration

Presently, the number of registrations to the Convention is very encouraging and allows us to anticipate attendance figures well above last year's total. A verbal report will be presented to the Board in August, detailing registration figures in all categories of attendance.

2. Exhibits

Our objective of selling over 200 booths has been reached. We have currently sold 220 booths and are in the process of increasing the exhibit area to accommodate those companies presently on our waiting list.

3. Publicity

Every month since January, the Journal of the Canadian Dental Association has provided extensive Convention coverage (from 7-20 pages) which will culminate in a special Convention issue in June featuring twenty pages of detailed Convention news.

In addition, the attached preliminary program has been sent to all Canadian dentists, all CDAA members and all dental hygienists and assistants in British Columbia. The 1989 Convention Committee is also pleased to report that, for the first time, the CDA Convention will be publicized in Dental Products Report. A two-page spread in the May issue and a multi-page spread in August will be received by all Canadian dentists and over 140,000 dentists in the United States.

5. Computerized Registration

The Convention Committee is pleased to report that its new computerized registration system is now fully operational at CDA Headquarters. This would not have been possible without the generosity of Exan Computers who provided CDA, free of charge, with an Olivetti computer, three screens and a high speed printer, together with an extensive customized software package. This automated registration system will enable CDA to administer its Convention registration and housing needs in a fast and efficient manner, both now and in the future. In addition, it is the marketing tool that will allow the Convention to grow.

6. Industry

We have had an excellent response to our requests for sponsorship from industry. Many companies have donated gifts and prizes, the highlight of which is a draw for a car which will take place in the exhibit area.

7. Co-operation of the CDA Staff

By bringing the Convention in-house, many changes have occurred within CDA to accommodate our growing needs and activities. I would like to thank all CDA staff for their assistance, co-operation and support during these changing and exciting times for the Convention.

Respectfully submitted,

Dr. Michel Jahjah,
General Chairman
CDA Convention

ADOPTION OF REPORT

The Board of Governors accepts the report of the Convention Committee with appreciation.

COMMITTEE ON DENTAL MATERIAL AND DEVICES

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. R.Y. Barolet, Chairman, Montreal
 Dr. P. Desautels, Montreal
 Dr. L. Johnson, London
 Dr. D. Jones, Halifax
 Dr. R. Roydhouse, Vancouver
 Dr. D. Smith, Toronto
 Dr. P.T. Williams, Winnipeg
 Dr. P. Blais - Observer, Health & Welfare Canada
 Dr. R. Viau - Observer - DIAC
 Mr. A. Swingenberger - Observer - DIAC
 Ms. D. Allen - Observer - DIST

Executive
Liaison: Dr. B. Dolansky

Coordinator: Mr. B. Henderson

1. Committee Meetings

The Committee held meetings on January 9, 1989 and May 11, 1989.

ITEMS REQUIRING BOARD ACTION

2. Canadian Dental Research Foundation Award

The Canadian Dental Research Foundation Award is presented by the Canadian Dental Association every two years. It consists of a prize of \$2,000 and a plaque with the name of the winning candidate and the appropriate University name engraved on it; a miniature plaque also goes to the dean of that University. The recipient of the award also has the opportunity to attend the CDA Convention with expenses paid. In 1989, 20 applications were received and reviewed by referees. The winning application was chosen from among the four best research summaries as identified by referees. The title of the paper is "Independent Regulation of Collagenase, 72 - KDA Progelatinase and Mettalloendoproteinase Inhibitor (TIMP) Expression in Human Gingival Fibroblasts by Transforming Growth Factor - b factor."

RESOLVED:

- 89.51 THAT Dr. Christopher Overall is to be the recipient of the CDRF Award of \$2,000 for his paper on "Independent Regulation of Collagenase, 72 - KDA Progelatinase and Mettalloendoproteinase Inhibitor (TIMP) Expression in Human Gingival Fibroblasts by Transforming Growth Factor - b factor" and that the CDRF Trophy be delivered to the Dean of the University of Toronto, Faculty of Dentistry, the location where Dr. Overall carried out his research.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. CDA Dental Products Recognition Program

At the 1988 Interim Meeting of the CDA Board of Governors, a series of recommendations from the Committee on Dental Materials and Devices were approved and provide the foundation for a CDA Dental Products Recognition Program. The program will employ the current CDA Seal of Recognition logo and the statement "A Product Recognized by the Canadian Dental Association for Professional Use". The application fee for dental materials recognition will be \$2,000 with a \$1,000 renewable fee due and payable on the first and second anniversaries of the date of the contract. For the first year of the program, however, \$1,000 of the \$2,000 application fee will be waived in an effort to build interest among dental materials manufacturers.

Much time was devoted in the May 11, 1989 meeting of the Committee to the refinement of the legal contract which will be employed with manufacturers seeking product recognition under the new program. A number of refinements were made and the revised version of the contract has been presented for final legal review. Copies have been provided to members of Executive Council for information and are available on request.

The Professional Product Recognition Program will be introduced in the fall of 1989. The Dental Industry Association of Canada will be meeting in Vancouver at the time of the CDA Annual Meeting and the Chairman of the CDA Committee on Dental Materials and Devices has been invited

to make a presentation outlining the details of the Recognition Program.

4. Mercury and Dentistry

A private study on the release of mercury vapour was brought to the Committee's attention by a consumer advocate, Jean Baker. The Committee formally noted concerns about the calibration of test equipment and about possible contaminants of mercury vapour in the experimental model. The Committee nevertheless continues to encourage government funding of University Faculty of Dentistry studies on the effects of mercury in amalgam.

5. Dental Implants

The Committee has directed that the Health Protection Branch be contacted to request an updated list of implants in complying with HPB requirements as well as a list of non-complying implants. The Canadian Dental Association Journal is being asked to publish an update in this regard.

6. Appreciation

I would like to express my appreciation to the members of our Committee, representatives of the Dental Industry Association of Canada and staff for the cooperation and hard work involved in bringing the Professional Products Recognition Program into being. I look forward to informing the Board, at its next meeting, of the first products to be recognized under this program.

Respectfully submitted

Ralph Y. Barolet, D.D.S.
Chairman
Committee on Dental Materials & Devices

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Dental Materials and Devices with appreciation.

COMMITTEE ON ETHICS

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. J.R. Brookfield, Chairman, Kirkland Lake
Dr. B. Creaser, New Germany
Dr. M.A. Lasko, Winnipeg
Dr. B.N. Rocky, Vancouver
Dr. B.G. Saik, Calgary

Executive
Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Mrs. S. Deziel

1. Meetings

The Committee met in Ottawa on May 26, 1989. This was the first meeting of the Committee since April 1986.

ITEMS REQUIRING BOARD ACTION

2. Dental Patient - Charter of Rights

Acting on a recommendation from the Membership Committee and direction from the Executive Council 1988 Planning Session, the Committee reviewed the desirability for the Canadian Dental Association to establish a Dental Patient's Charter of Rights. The intention of the Committee to consider the development of such a statement was communicated to the Presidents and Chief Executive Officers of Corporate Members and Licensing Bodies on February 1, 1989. All feedback received from these groups has been positive.

The Committee considered that the Canadian Dental Association's Mission Statement and other policy and position statements adopted by the Board of Governors clearly state the priority to be given to the principle that all Canadians should have the best oral health care it is possible to provide. The Committee agreed that it behooves the Canadian Dental Association to promote the public awareness of the rights of the dental patient endorsed by the Canadian Dental Association.

The appended statement was developed by the Committee, considering background material available from the California Dental Association and various information received from the provincial corporate bodies, and comments contained in various articles on the topic. The draft statement was circulated for comment to the following: Chairman and Members of the CDA Board of Governors, Presidents and CEO's

of Corporate Members, Presidents and CEO's of Licensing Bodies, Presidents and CEO's of Specialty Organizations and CDA Chairmen of Councils/Committees. Comments on the draft document were requested by August 15, 1989. If feedback indicates that a major review and redrafting of the document is necessary, it will be re-examined by the Committee at its next meeting. Should comment provided indicate minor revision, the Chairman requests the indulgence of the Board in bringing minor amendments to the appended document to their attention at the Board meeting. Pending input from the group to which the document has been circulated, the Committee recommends:

RESOLVED:

89.52 THAT the appended Canadian Dental Association Dental Patient's Charter of Rights be approved as amended.

ADOPTED

APPENDIX I

Executive Council agrees in principle and commends the Committee for its work.

Given approval of the statement, the Chairman and staff will consult with the Membership Committee and the Department of Communications on the best method of marketing the Dental Patient's Charter of Rights.

3. Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations

APPENDIX II

In May of 1987, the Council on Dental Materials and Devices developed and adopted a position on mercury toxicity. In its report to the 1988 Interim Meeting of the CDA Board of Governors, the Council reiterated its position and further requested that the Council on Ethics be asked to develop a statement on the replacement of serviceable amalgam restorations in patients who are not allergic to mercury. This recommendation was approved by the Board of Governors. The recommendation was made "as a result of the Council on Dental Materials and Devices awareness of the increasing practice of removing perfectly good amalgams and replacing them with composites, simply because of the slight risk of possible effects of mercury".

On February 1, 1989, the Chairman of the Committee on Ethics wrote to Presidents and CEO's of Corporate Members indicating that the Committee would be proceeding to develop this statement, and requesting that the Committee be made aware of any concerns on this issue. All input received has been considered by the Committee in the development of the appended draft. The draft has been circulated to the following for comments: Chairman and Members of the Board of Governors, Presidents and CEO's of Corporate Members and Licensing Bodies, Presidents and CEO's of Specialty Sections, Chairmen of CDA Councils/Committees and Chairman and Members of the CDA Committee on Dental Materials and Devices. The Committee anticipates that a final draft will be presented to the Board of Governors for consideration at the 1990 Interim Meeting.

RESOLVED:

- 89.53 THAT the appended Canadian Dental Association Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations be approved as amended.

ADOPTED

The Board of Governors approved the above statement subject to review and approval by the Committee on Dental Materials and Devices.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. 1989 CDA Teaching Conference - the Ethics in Canadian Dentistry and Dental Education

The Canadian Dental Association's Teaching Conference for 1989, focusing on ethics and professionalism, will be held in Toronto, on September 15-16. The Committee reviewed the program outline and background documentation available on the conference, and noted particularly the following, listed as an expected accomplishment of the Conference:

"To provide position statements on the content and format of the Canadian Dental Association's Code of Ethics with respect to its suitability for today's dental profession and society".

The Committee fully supports the planned Teaching Conference on Ethics, and the Chairman, Dr. Brookfield, has written to the Executive Council requesting consideration of financial support to the Conference.

The 1989 priorities of the Canadian Dental Association, established by the Executive Council, identified professional ethics as a major priority. As a result, the Executive Council had directed the Committee to review the current CDA Code of Ethics, and make recommendation for required revisions identified. The Committee believes that the 1989 Teaching Conference could have a major impact on the Committee's task of review and revision of the CDA Code of Ethics.

Executive Council approved the funding for the Chairman of the Committee on Ethics to participate in the 1989 CDA Teaching Conference.

Two (2) members of the Committee, Drs. Michael Lasko and Brian Rocky, will have their attendance financially supported by the Licensing Bodies which they represent. Dr. Brookfield will write to the Corporate Members in Alberta and Nova Scotia, and request that they consider supporting the attendance of their representatives on the Ethics Committee to the Teaching Conference. Given the approval by the Executive Council to support the attendance of Dr. Brookfield, the Committee plans to hold a meeting immediately following the Teaching Conference. The purpose of the meeting would be to review documents produced by the Conference as they relate to the Committee's mandate to review the CDA Code of Ethics, and to consider the development of other appropriate ethical statements for the Canadian Dental Association.

5. Review of the Code of Ethics

The Committee examined the existing Code of Ethics for the Canadian Dental Association adopted by the Board of Governors in 1980. Comments have been received from Licensing Bodies and Corporate Members which identify several areas of weakness in the current code. The Committee agreed that the Code of Ethics requires revision, and has developed a preliminary list of the areas to be examined for potential revision and areas of omission. As the above-mentioned Teaching Conference has a direct bearing on the review of the CDA Code of Ethics, the Committee will for the present time, only proceed on examination of methodology and format for the revision of the code. As mentioned previously, the Committee plans to meet immediately following the CDA Teaching Conference. As the Committee proceeds on its task of review, draft and discussion papers will be circulated to all concerned bodies for comment.

6. CDA Statement on the Ethical and Legal Considerations of Treating Patients with Infectious Diseases

The Committee reviewed the CDA statement on the Ethical and Legal Considerations of Treating Patients with Infectious Diseases, approved by the Board of Governors in March of 1988. The policy statement itself requires that it be reviewed on a regular basis, and modified as new information and developments become available. The Committee unanimously endorsed the existing statement.

7. Intra-Professional Relationships

The Committee reviewed correspondence from Corporate Members which identified some concern in the area of intra-professional relationships. Problems in this area have not been clearly defined, although references have been made to undue criticism and problems in the area of referrals. The Committee felt that the perceived problems in this area require clearer definition by the Corporate Members and Licensing Bodies, in order that the Committee could determine how best to address this issue. In reviewing the initial comments received in this area, it was the opinion of the Committee that there was indeed a lack of clear communication in some instances between the general dentist and the specialist. It was agreed by the Committee that this item required further discussion, but that this discussion should be put on hold pending the outcome of the Teaching Conference and further examination of the review of the Code of Ethics.

8. Proposed Self-Assessment and Self-Learning Program in Professional Ethics

The Committee reviewed correspondence from Dr. Christopher Clark, Chairman of the ACFD Education Committee concerning the development of a self-assessment and self-learning program in professional ethics. Complete background documentation on this item was not available to the Committee, and the Committee noted that the Council on Education and Accreditation would be reviewing this matter at a meeting in June. It was the decision of the Committee that a letter be written to Dr. Clark requesting that the Committee on Ethics be kept informed of any developments in this area, and offering the assistance of the Committee through review and comment on any documents to be utilized in such a program, if indeed it does go forward.

9. Ethics: Challenge and Crisis

The Committee reviewed the three-part article on Ethics: Challenge and Crisis written by Professor Arthur Schaeffer, and published in recent editions of the CDA Journal. The Committee looks forward to any comments received from the profession as a result of these articles.

Respectfully submitted,

Jim R. Brookfield, D.D.S.
Chairman, Committee on Ethics

ADOPTION OF REPORT

The Board of Governors accepts the report of Ethics and commends Dr. Brookfield and his Committee for the excellent work accomplished.

CANADIAN DENTAL ASSOCIATION

DENTAL PATIENTS

CHARTER OF RIGHTS

Patients have the right to:

- be examined and diagnosed by a licensed dentist;
- have treatment alternatives and costs explained prior to treatment;
- receive treatment to the standard of the profession;
- be treated in a safe and healthy environment;
- be cared for by the dentist of their choice;
- receive prompt emergency care;
- have an avenue in which to express complaint.

Canadian Dental Association
Board of Governors - August 1989

**STATEMENT ON THE ETHICAL CONSIDERATIONS OF THE REPLACEMENT
OF SERVICEABLE AMALGAM RESTORATIONS**

Preamble

CDA believes that the treatment recommendations of a dentist for a patient must be based on a sound foundation that reflects the scientifically based education and training acquired at the pre-doctoral level, and re-inforced through contemporary post-doctoral continuing education. A dentist has the responsibility to ensure that treatments recommended and/or performed reflect the standard of the profession - and that those treatments would bear the close scrutiny of peers.

The decision to recommend any treatment should be determined subsequent to a comprehensive oral examination that meets the health needs of a patient, and within the bounds of the clinical circumstances with which the patient presents.

The question of treatment involving the replacement of serviceable amalgam restorations must be clearly and thoroughly discussed with the patient prior to the delivery of those services. The patient must clearly understand that this treatment is not on the basis of a basic health need (with rare exceptions), but rather on a perceived health need. Therefore, an informed consent may be difficult to obtain.

There are no studies or case reports published in refereed scientific journals supporting the statements that dental amalgams are the cause of mercury toxicity. There is no data to suggest that the removal of amalgam restorations should be performed in an attempt to treat patients with non-specific chronic complaints. Indications are that certain cases of oral lichen planus may resolve or show significant improvement subsequent to the removal of adjacent amalgam restorations, and in those exceedingly rare circumstances whereby an individual may possibly exhibit a true sensitivity or allergy to mercury, those patients should be referred to specialists in allergy and dermatology for specific and appropriate testing to determine a diagnosis.

STATEMENT

BASED ON CURRENT SCIENTIFIC RESEARCH, KNOWLEDGE, AND PROFESSIONAL STANDARDS, (NOTING THE ABOVE RARE EXCEPTIONS), THERE IS NO REASON WHY A PATIENT SHOULD SEEK, OR BE COUNSELED TO HAVE SERVICEABLE AMALGAM RESTORATIONS REMOVED ON THE BASIS OF ANY POSSIBLE OR PERCEIVED HEALTH RISK.

TO RECOMMEND TO A PATIENT, OR TO THE PUBLIC, THE REMOVAL OF CLINICALLY SERVICEABLE AMALGAM RESTORATIONS ON THE BASIS OF SUBSTITUTING A MATERIAL THAT DOES NOT CONTAIN MERCURY, IS UNWARRANTED AND UNPROFESSIONAL.

Canadian Dental Association
Board of Governors - August 1989
(subject to the approval by the Committee on Dental Materials & Devices)

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Jack Gryfe, Chairman - Weston
Dr. Elizabeth MacSween, Ottawa

Executive
Liaison: Mr. Jardine Neilson

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings and Liaison Activities

Periodic meetings and discussion have taken place since the Committee's report to the 1989 Interim Meeting of the Board.

APPENDIX I

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. National Campaign for Action on Tobacco

The Canadian Dental Association continues to be an active member of a coalition of national health associations supporting a national campaign for action on tobacco. The CDA has endorsed the "ten point plan to treat the epidemic like an epidemic" tobacco control campaign. A national campaign brochure produced in cooperation with other members of the campaign was distributed to members of the Canadian Dental Association with the May 1989 CDA Communiqué.

The major thrusts of the ten point plan include revisions to regulations under the Tobacco Products Control Act (PTCA), the proclamation of the Non-Smokers' Health Act (NSHA), and legislation to prevent tobacco sales to children. The ten point plan, which is appended for information, was supported by a number of agencies, including the Canadian Medical Association, the Canadian Cancer Society, the Canadian Council on Smoking and Health and the Canadian Lung Association. The necessity of a national campaign on this serious health issue was emphasized following the failed attempt last Fall to obtain serious effective regulations under the Tobacco Products Control Act, thus losing the potential impact of this precedent setting law.

APPENDIX II

2. Health and Welfare Canada

Joint efforts between the Canadian Dental Association and Health and Welfare Canada have seen the publication "AIDS: What Every Responsible Canadian Should Know", distributed to all dentists in Canada with messages included from both CDA President Niedermayer and Health Minister Perrin Beatty. The distribution of this pamphlet was made possible through generous government funding provided by Health and Welfare Canada. The booklet includes a chapter on AIDS in dentistry, as well as general information on AIDS.

APPENDIX III

The work of the Health and Welfare Steering Committee on Oral Health Promotion is ongoing, with Dr. Elizabeth MacSween continuing to represent the CDA. Currently the Committee is organizing a meeting, inviting a wide range of interests groups to broaden its input base.

3. Organ Donation

As a member of the Canadian Coalition on Organ Donor Awareness, the CDA continues its efforts to promote awareness in this area. The March 1989 Communiqué featured an article outlining the results of a previous survey on the profession's response to organ donation; organ donor cards were also included with the Communiqué.

4. Communication to the Membership - Government Relations Activities

The May 1989 CDA Communiqué featured articles highlighting CDA's involvement in Government Relations. These included information on the activities of the Committee in terms of establishing a reliable network of contacts within government, an update on taxation, CDA's activities with regard to tobacco issues, CDA's involvement with CIDA, an update on our ongoing discussions with Medical Services Branch, and our ongoing liaison and communication activities with the Department of Health & Welfare Canada.

5. Government Relations Functions

Within the context of the Government Relations Program, an annual dinner was held in conjunction with the Interim Meeting of the CDA Board of Governors. This year, the dinner featured Mr. Harry Rogers, Deputy Minister of Regional and Industrial Expansion as the guest speaker. Mr. Rogers discussed his experiences in the federal public service.

For the first time, CDA also held a reception on March 31 as part of its government relations activities. The reception provided CDA Chairpersons with an opportunity to meet their contacts in government in an informal setting. The Executive Council, along with CDA Chairpersons, hosted officials from the following sections of Health and Welfare Canada: the Health Services Directorate; National Capital Operations; the Division on Infection Control; the Bureau of Non-Prescription Drugs; the Bureau of Radiation and Medical Services; the Seniors Secretariat; the Health Protection Branch; Preventive Health Services; the Federal Centre for AIDS; the Health Promotion Branch; the Medical Services Branch; and the Drug Evaluation Directorate. As well, there were representatives from the Tax Interpretation Division of Revenue Canada, the Tax Division of the Department of Finance, the Department of National Defense, and the Department of Veterans Affairs.

6. Federal Government Regulatory Plan - 1989

The Committee has reviewed the Federal Regulatory Plan 1989 with a view to identifying areas in which the Canadian Dental Association may wish to provide comment. Federal government information letters, and the Canada Gazette will be reviewed as appropriate, and referred to the various CDA Councils and Committees, if it is deemed appropriate for the CDA to offer comment on specific regulation proposals.

Respectfully submitted,

Jack Gryfe, Chairman
Government Relations Committee

ADOPTION OF REPORT

The Board of Governors receives the report of the Government Relations Committee as information.

GOVERNMENT RELATIONS

APPENDIX I

SUMMARY OF ON-GOING ACTIVITIES

Schedule of activities and meetings for the period January - May 1989

CDA REP.	DATE	ORGANIZATION	PERSONS	TITLE	PURPOSE
J. Gryfe	April 17	Public Policy Forum	-	-	Testimonial Dinner
CDA Host	March 30	Regional and Industrial Expansion	Harry Rogers (Speaker)	Asst. Deputy Minister	Govt. Relations Dinner Speaker
CDA Host	March 30	Various Govt. Departments	Senior Public Contacts		Reception
J. Neilson	April 25	Ottawa Congress Centre	Board of Directors Regional/Ontario Government		Congress Centre - CDA Relations
S. Deziel	May 1	Canadian Coalition on Organ Donor Awareness	Committee members		Organ Donor Awareness

Endorsers

Canadian Cancer Society
 Canadian Chiropractic Association
 Canadian Council on Smoking and Health
 Canadian Dental Association
 Canadian Home and School and
 Parent-Teacher Federation
 Canadian Hospital Association
 Canadian Lung Association
 Canadian Medical Association
 Canadian Nurses Association
 Canadian Pharmaceutical Association
 Canadian Public Health Association
 Canadian Society of Respiratory Therapists
 Canadian Teachers' Federation
 Non-Smokers' Rights Association
 Physicians for a Smoke-Free Canada
 The Canadian Association of Optometrists
 The College of Family Physicians of Canada
 The Royal College of Physicians
 and Surgeons of Canada
 United Church of Canada

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WARNING
TREAT THE EPIDEMIC LIKE AN EPIDEMIC

Let's give kids a chance

With the passage of the *Tobacco Products Control Act (TPCA)* in June 1988, the federal government passed, potentially, one of the most important bills in the history of public health. With the passage of the *Non-smokers' Health Act (NsHA)* on the same day as the *TPCA*, many in the health community and the media thought that the tobacco industry was nearing defeat. But because of the strength of the tobacco lobby, Canadians will have a struggle to ensure that this legislation realizes its potential. The campaign is just beginning.

FACT: The precedent-setting *TPCA* passed with great fanfare. Then, in drafting the Regulations which determine whether or not the Act will achieve its potential, the government ignored most of the recommendations by Canada's largest health interests. The industry won by quiet negotiations behind closed doors much of what it could not win in the public debate in Parliament.

FACT: Parliament passed the *NsHA* with support from all 3 parties. This Act would regulate smoking in workplaces and transportation under federal jurisdiction. Yet, the government has failed to proclaim the bill, thereby preventing the law from coming into effect.

FACT: Bill Neville, head of the Canadian Tobacco Manufacturers' Council, a lobbyist hired to derail the *TPCA*, was a key advisor to the Prime Minister in the last election. At the same time, he was lobbying Health and Welfare Canada to weaken the Regulations under the Act. Wearing different hats, he was undermining the health policy of the very government he was promoting. Bill Neville's proximity to power will be a major factor in our campaign to reduce the illness and death caused by tobacco.

Treating the epidemic like an epidemic

Last year, more than 35,000 Canadians died prematurely from the tobacco epidemic, more than died as a result of accidents, suicides, homicides, illicit drug use, AIDS, alcohol and alcohol-caused traffic fatalities, *all combined*. Yet, despite this record, Canadian governments have almost always avoided doing anything which might inconvenience the tobacco industry.

This reluctance to inconvenience the industry was evident during the drafting of the Regulations under the *TPCA*. The fact that, for some time, the lives of over 30,000 tobacco victims and their families have been disrupted every year was not given adequate consideration.

The government acknowledges that it has a "national health problem of substantial and pressing concern." one of "epidemic proportions." But if it is an epidemic, then the government must treat the epidemic like an epidemic.

10 Ways to give kids a chance

Because of the enormity of the death rates, any of the following reforms which are not undertaken could lead directly to thousands of preventable deaths amongst this and future generations of children. Omissions of this nature come with too high a price tag. The National Campaign for *Action* on Tobacco wants these reforms:

1. Tough Regulations under the Tobacco Products Control Act.

The potentially world precedent-setting *TPCA* bans tobacco advertising in newspapers and magazines and phases out billboard ads as well as most sports and arts sponsorship. It enables the government to provide effective warnings about risks involved with tobacco products. This is critical to creating a condition of "informed consent" among users and to keeping young "starters" away from tobacco.

"The passage of the Tobacco Products Control Act gave the government a blank cheque to deal with the tobacco epidemic. But after media attention died down, the government filled out the cheque for 50 cents."

Dr. Michael Goodyear
Hamilton Regional Cancer Centre

The first set of regulations announced six months after passage of the *TPCA* created warnings that are not significantly stronger than the weak USA warnings introduced more than four years ago. The government claimed that it did not have sufficient time to prepare strong messages. But many of the measures to toughen the Regulations which were advanced by health interests could have been introduced with the stroke of a pen.

Where are we now? Some of the weak warnings announced in January 1989 in the first round of regulations-setting may not appear until late in 1989 or early in 1990. Do not confuse these warnings with those promised for the second round, to be announced in the fall of 1989. These warnings will likely not appear on or in packaging until late 1990.

Here is what health interests were refused in the first round and are pressing for now:

- **rotated comprehensive warnings and educational leaflets inside cigarette packages.** These messages could become the most important reform. An example of one such warning is on the reverse side of this pamphlet.

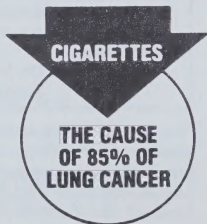
- **strong warnings of addiction and environmental tobacco smoke (ETS) on inserts and packages.** For many users, tobacco is as addictive as heroin or cocaine. Virtually all of the industry's new "starters" come from the child and adolescent market. Many are addicted *before the age of responsibility*. And ETS or second-hand tobacco smoke causes lung cancer in non-smokers and presents a special health risk to children. Children cannot defend themselves.

- **more effective warning designs.** More external package warnings are needed. They must at least be tripled to reflect the nature of the risks of tobacco.

At a minimum, package warnings must be in black type-face on a white background, inside a black box. There is no excuse for the government to allow colour themes to camouflage the warnings or to maintain package attractiveness.

While the above rectangular warning would be more effective than the warnings announced recently, the arrow penetrating a circle and other designs are even more effective. Such warnings must be used. And more space must be allocated for the warnings.

- **full disclosure.** There must be full disclosure to the public of all additives in tobacco. Some are suspected to be toxic. Failure to disclose this information, a practice required for other products, conflicts with the intent of the *TPCA*.



- **no more delays.** The *TPCA* was passed in June 1988. Yet some of the first round warnings on tobacco packages may not reach the shelves until 1990! At this rate, the industry could hold off the package insert warning until 1991 or even 1992. About 15,000 youngsters join the tobacco market each month as we await effective warnings. Thousands of these children will die long before their time. Delays are unconscionable.

2. Immediate proclamation of the *Non-smokers' Health Act* and designation of tobacco under the *Hazardous Products Act*

The *NsHA* and/or other legislation must be used to remove environmental tobacco smoke from federally-regulated workplaces including government offices, banks, airlines, railways, and ferries. It should end smoking on international flights, including charters. "Non-smoking" must be the rule in terminals unless enclosed, separately ventilated smoking rooms exist. And the *NsHA* must ensure that, if the *TPCA* is ever over-turned in the courts, tobacco will be controlled under the *Hazardous Products Act*.

The *NsHA*, a private member's bill, was opposed by the federal Cabinet when opposition Members of Parliament, teaming up with government back-bench MPs, forced passage of the bill. Although it passed, the *NsHA* has remained in legislative limbo until print time (April '89). To bring the *NsHA* into force, it must be proclaimed.

3. Prevention of sales to children

Many children start using tobacco at age 12-14 or younger. Few start after adolescence. Legislation to impede the growth of the \$250 million tobacco market to minors is part of any comprehensive plan.

4. A strong defence of the Act

The tobacco industry has attacked the *TPCA* in different courts in different provinces in both official languages. The tactic may be to spread the limited resources of the Department of Justice thin. The Attorney General must spare no effort in defending the legislation.

5. Generic packaging

The *TPCA* does not end all tobacco advertising. The most important tobacco ads may be the cigarette packs themselves. Millions of dollars have been spent giving the packages alluring images. Now, with the benefit of an obvious loophole in the *TPCA*, the industry will shift much of the advertising money into payment for prominent space at retail outlets. "Arrangements" may be made for cigarette packages to be seen in movies and videos.

All tobacco products must be sold in identical, plain (generic) packages with the only distinguishing feature being the brand name. This would remove the package allure, prevent the infiltration of movies and videos, and cut the promotion of sales in stores.

6. Tobacco tax reform

Tobacco tax increases discourage tobacco consumption, especially among the young. The federal government has moved decisively in this area in the 1989 Budget. The government must now ensure that the tax differential between manufactured cigarettes and roll-your-own tobacco is totally eliminated. This would remove the incentive for smokers who might normally quit smoking because of price to switch to lower-priced roll-your-owns. And the government's increased tobacco tax revenue should be reflected in increased funding for public health education on tobacco.

7. Effective education campaigns

Given the huge revenues obtained from tobacco taxes, there must be increased funding for campaigns directed especially to young Canadians to help them reject pressures to begin smoking. The federal government should also take a variety of initiatives to encourage "stop smoking" courses, eg. tax credits for such programs.

8. A ban on spitting tobacco

With cigarette consumption dropping, efforts are increasing to market spitting or chewing tobacco to young Canadians. As in Australia, a ban on this product must be introduced before an epidemic of mouth cancer and other diseases is created.

9. Test cases for product liability law suits

Canadians with tobacco-caused diseases who were addicted to tobacco, perhaps before the age of responsibility, may have rights to damages in product liability law. These rights should not be denied because those

harmed are not wealthy enough to challenge an industry with an overwhelming financial advantage.

The industry has ignored its obligations in tort law to warn its customers of addiction and other risks. Test cases could lead to lower costs for other plaintiffs and could bring enormous benefits to public health. There are precedents for the government funding litigation where one side in a dispute is financially handicapped.

10. End government promotion of tobacco sales to Third World countries

There is a growing sense of repugnance for tobacco conglomerates which use unscrupulous marketing practices to market tobacco in disadvantaged Third World countries. Our tax dollars must not be used to fund government involvement in selling tobacco.

Give kids a hand

1. Support our **10 Point Plan to Treat the Epidemic Like an Epidemic**. Write your Member of Parliament, House of Commons, Ottawa, K1A 0A6. No stamp is required. Call Elections Canada 1-800-267-8683 (toll free) for your MP's name or address, if unknown.
2. First write your MP. Ask for action on the **10 Point Plan**. Then write the Hon. Perrin Beatty, Minister of Health, same address. Or send him a copy of your MP's letter.
3. Contact your local health agencies, health and hospital boards, board of education, union, etc. Ask them to pass a motion in support of the **10 Point Plan**. Ask them to distribute this pamphlet.
4. Ask your doctor to write. And, write the editor of your paper.
5. Send a donation to help the campaign. Donations will be used to offset the expenses of the **National Campaign for Action on Tobacco**. Because your donation will be used for hard-hitting advocacy, receipts for income tax purposes will not be issued. But your dollars will be used for very cost-effective, prevention-oriented initiatives.

Organismes accordant leur appui

Association canadienne des optométristes
Association canadienne d'hygiène publique
Association chiropractique canadienne
Association dentaire canadienne
Association des hôpitaux du Canada
Association des infirmières et infirmiers du Canada
Association médicale canadienne
Association pharmaceutique canadienne
Association pour les droits des non-fumeurs
Association pulmonaire du Canada
Centre national de la promotion de la santé
Conseil canadien sur le tabagisme et la santé
Conseil québécois sur le tabac et la santé
Église Unie du Canada
Fédération canadienne des enseignantes et des enseignants
Institut de cardiologie de Montréal
La Fédération des associations foyer-école du Québec
La Société canadienne des thérapeutes respiratoires
Le collège des médecins de famille du Canada
Le Collège Royal des Médecins et Chirurgiens du Canada
Médecins pour un Canada sans fumée
Société canadienne du cancer

Ce dépliant a été imprimé et distribué par :

ASSOCIATION DENTAIRE CANADIENNE

Envoyez vos dons ou demandes de renseignements à :

CAMPAGNE NATIONALE *D'ACTION* CONTRE LE TABAC

C.P. 2310, Succursale D
Ottawa (Ontario) K1P 5W5
Tél. (613) 234-9539 ou (613) 722-3419

AVERTISSEMENT

TRAITEZ L'ÉPIDÉMIE COMME UNE ÉPIDÉMIE

Donner une chance aux enfants

En faisant adopter en 1988 la *Loi réglementant les produits du tabac (LRPT)*, le gouvernement fédéral a peut-être remporté l'une des plus grandes victoires législatives de l'histoire de la santé publique. De nombreux représentants des milieux médicaux et des médias ont pu penser que l'adoption, le même jour, de la *Loi sur la santé des non-fumeurs (LSNF)* annonçait la défaite prochaine de l'industrie de la cigarette. Mais le groupe de pression qui défend cette industrie est si puissant que les Canadiens devront se battre pour que la législation porte ses fruits. La lutte ne fait que commencer.

Voici les faits :

- Quand est venu le temps de rédiger les règlements d'application dont dépend la réalisation des objectifs de la Loi, le gouvernement n'a tenu aucun compte de la plupart des recommandations des principaux défenseurs de la santé publique. L'industrie, à l'issue de négociations menées à huis clos, a obtenu une bonne partie de ce qui lui avait été refusé lors du débat public au Parlement.
- La *LSNF* qui avait le soutien des trois partis, a été votée par le Parlement en juin 1988. Cette loi est censée s'appliquer partout où le gouvernement fédéral a compétence pour réglementer l'usage du tabac au travail et dans les transports en commun. Or, le gouvernement n'a toujours pas promulgué cette loi, qui n'est donc pas entrée en vigueur.
- Bill Neville, qui a été placé à la tête du Conseil des fabricants de tabac du Canada, avec pour mission de torpiller la *LRPT*, était l'un des principaux conseillers du premier ministre lors des dernières élections. Cela ne l'empêchait pas, parallèlement, de faire pression sur Santé et Bien-être Canada pour affaiblir les règlements d'application de la loi. Jouant double jeu, il s'employait à défaire la politique de la santé du gouvernement pour lequel il faisait campagne. Bill Neville est proche du pouvoir, et nous n'hésiterons pas à insister là-dessus dans notre campagne contre un produit qui sème la maladie et la mort.

Traitez l'épidémie comme une épidémie

L'an dernier, plus de 35 000 Canadiens et Canadiennes sont décédés à cause de l'épidémie tabagique: ce chiffre est bien supérieur au total des décès causés par tous les facteurs suivants combinés : accidents, suicides ou homicides, toxicomanie, SIDA, alcoolisme, et les accidents de la circulation provoqués par des conducteurs en état d'ébriété. Au Canada, les pouvoirs publics se sont toujours gardés de faire quoi que ce soit qui puisse déranger l'industrie du tabac. Cette attitude s'est clairement manifestée pendant la rédaction des règlements d'application de la *LRPT*. Les pouvoirs publics n'ont pas accordé toute l'attention qu'il mérite au fait que chaque année, le tabac coûte la vie à 35 000 personnes et bouleverse l'existence de leurs proches.

Le gouvernement reconnaît qu'il se trouve confronté à "un grave problème de santé publique qui se pose de façon pressante à l'échelle nationale" et a pris "les proportions d'une épidémie". Puisque épidémie il y a, le gouvernement a le devoir d'agir en conséquence.

10 moyens de donner une chance aux enfants

Le tabagisme entraîne une mortalité énorme, et chacune des mesures proposées ci-après, dont aucune n'a encore été prise, permettrait de prévenir des milliers de décès évitables dans la génération de nos enfants et dans les générations futures. Oublier de telles réalités, c'est s'exposer à payer plus tard un prix exorbitant. Les responsables de la Campagne nationale *d'action* contre le tabac veulent les réformes suivantes :

1. Réglementation sévère

La *LRPT* qui pourrait constituer un exemple pour le monde entier, interdit la publicité pour le tabac dans les journaux et les magazines, la publicité par affichage et, à quelques exceptions près, le parrainage de manifestations sportives et artistiques par l'industrie du tabac. Elle donne aux pouvoirs publics toute latitude pour diffuser des avertissements efficaces sur les risques que présentent les produits du tabac. Cet effort d'information est absolument indispensable pour que la persistance dans l'usage du tabac soit le résultat d'une "décision informée" et pour dissuader les jeunes de commencer à fumer.

Une première série de mesures réglementaires a été annoncée six mois après l'adoption de la *LRPT*: ces mesures prévoient des avertissements qui ne sont guère plus sévères que les avertissements édulcorés qui ont été rendus obligatoires aux États-Unis voici plus de quatre ans. Le gouvernement a prétendu qu'il n'avait pas eu le temps de préparer des messages plus percutants. Pourtant, il aurait suffi d'un trait de plume pour faire passer une bonne partie des mesures préconisées par les défenseurs de la santé publique pour renforcer les règlements d'application.

Où en sommes-nous? Certains des avertissements timorés annoncés en janvier 1989 dans le cadre du premier train de mesures réglementaires pourraient n'être diffusés qu'à la fin de cette année ou au début de 1990. Il ne faut pas confondre ces avertissements avec ceux qu'on a promis de rendre obligatoires dans le cadre du second train de mesures réglementaires, lesquelles seront annoncées à l'automne prochain. Il ne faut pas s'attendre à ce que ces avertissements figurent sur les emballages ou à l'intérieur des paquets avant la fin de 1990.

Voici les mesures que les défenseurs de la santé publique ont préconisées sans succès lors de l'élaboration du premier train de mesures réglementaires et qu'ils exigent maintenant :

- Diffusion par roulement de notices complètes d'avertissement et de messages éducatifs qui devront être placés à l'intérieur des paquets de cigarettes. L'obligation de diffuser

ces messages pourrait être la plus importante de toutes les réformes. On trouvera un exemple de notice d'avertissement au verso de ce dépliant.

- **Obligation de faire figurer des avertissements explicites sur la dépendance créée par l'usage du tabac et sur les dangers du tabagisme passif.** Chez de nombreux utilisateurs, le tabac crée une dépendance aussi profonde que celle entraînée par l'usage de l'héroïne ou de la cocaïne. Or, la plupart des "nouveaux consommateurs" de produits du tabac sont des enfants ou des adolescents. Nombre d'entre eux s'engagent dans la dépendance avant d'être en âge de prendre des décisions en connaissance de cause. La fumée des autres (tabagisme passif) est la cause de cancers du poulmon chez des non-fumeurs et menace plus particulièrement la santé des enfants. Les enfants ne peuvent se défendre seuls contre ce danger.

- **Rendre plus percutant le graphisme des messages d'avertissement.** Il faut au moins tripler le nombre d'avertissements figurant sur les emballages. Ils devraient au minimum être imprimés en noir sur blanc, et inscrits dans un encadré noir. Les pouvoirs publics font preuve d'un laxisme inexcusable en tolérant des combinaisons de couleurs destinées à camoufler les avertissements et à maintenir l'attrait visuel des emballages.

Des messages d'avertissement figurant dans un encadré rectangulaire seraient certes plus efficaces que ceux annoncés récemment, mais un cercle percé d'une flèche ou d'autres graphismes seraient encore plus percutants. Il faut recourir à de tels graphismes, et consacrer davantage de place aux messages d'avertissement.



- **Imposer l'obligation de révéler la nature de tous les additifs.** Il est indispensable que les consommateurs soient informés de la nature de tous les additifs qui contiennent les produits du tabac. Certains d'entre eux sont présumés toxiques. Le refus de fournir cette information, exigée pour d'autres produits, est contraire à l'esprit de la *LRPT*.

- **Faire cesser les manoeuvres dilatoires.** La *LRPT* a été votée en 1988. Or, certains des messages d'avertissement rendus obligatoires par le premier train de mesures réglementaires pourraient ne faire leur apparition sur les emballages qu'en 1990 ! À ce rythme l'industrie du tabac pourrait nous faire attendre jusqu'à 1991, ou même 1992, les notices d'avertissement qui sont censées figurer à l'intérieur des emballages. Tandis que nous attendons que l'industrie veuille bien diffuser des avertissements efficaces, quelque 15 000 jeunes viennent grossir chaque mois les rangs des consommateurs de tabac. Des milliers d'entre eux mourront prématurément. Ces attermoissements sont impardonnables.

2. Promulgation de la Loi sur la santé des non-fumeurs

Il faut s'appuyer sur la *LSNF* et/ou d'autres textes législatifs pour faire en sorte que les non-fumeurs cessent de respirer la fumée des autres dans les lieux publics où l'usage du tabac peut être réglementé par le gouvernement fédéral, notamment dans les bureaux des administrations fédérales, dans les banques, dans les avions, dans les trains et à bord des traversiers. Il doit être interdit de fumer sur les vols internationaux, y compris les vols nolisés. Dans les gares, les aéro-gares et les gares maritimes, il doit être interdit de fumer ailleurs que dans des salles d'attente réservées aux fumeurs, qui doivent être fermées et équipées d'un système de ventilation autonome. Pour le cas où la *LRPT* serait abolie à la suite d'une décision judiciaire, il est indispensable de prendre, en vertu de la *LSNF*, des dispositions qui fassent tomber les produits du tabac sous le coup de la *Loi sur les produits dangereux*.

Le cabinet fédéral était contre le projet de *Loi sur la santé des non-fumeurs*, dont on doit l'initiative à un député et qui n'a pu être voté que grâce à l'alliance de membres de l'opposition et de députés de l'arrière-ban de la majorité. Au moment où nous mettons sous presse (avril 1989), la *LSNF* n'est toujours pas entrée en vigueur. Elle ne prendra effet qu'une fois promulguée.

3. Interdire la vente des produits du tabac aux enfants

Les enfants commencent souvent à consommer du tabac dès l'âge de 12 ans, voire plus tôt. Il est rare que l'on devienne fumeur après l'adolescence. Un plan d'action complet doit comprendre des mesures législatives empêchant que la vente de tabac aux mineurs (un marché de 350 millions de dollars) ne se développe encore davantage.

4. Défendre énergiquement la LRPT

L'industrie du tabac s'est attaquée à la *LRPT* en intentant des procès dans les deux langues officielles devant plusieurs tribunaux répartis dans différentes provinces. Il est possible qu'elle cherche par cette tactique à obliger le ministère de la Justice à disperser les ressources limitées dont il dispose. Le ministre de la Justice ne doit épargner aucun effort pour défendre la loi.

5. Imposer des emballages génériques

La *LRPT* n'élimine pas toute publicité pour le tabac. La présentation des paquets de cigarettes peut être le moyen publicitaire le plus efficace dont dispose l'industrie du tabac. Elle a d'ailleurs dépensé des millions de dollars pour rendre les emballages aussi attrayants que possible. Profitant d'une lacune flagrante de la *LRPT*, elle va maintenant consacrer une bonne partie de ses budgets publicitaires à l'installation de présentoirs bien en vue dans les différents points de vente. Les fabricants de cigarettes pourront aussi "s'arranger" pour que leurs produits soient mis en valeur dans des films, etc.

(continue)

Il faut que tous les produits du tabac soient vendus sous des emballages identiques et dépourvus de tout ornement, la marque étant le seul signe distinctif (emballages génériques). Cette mesure empêcherait les fabricants de jouer sur l'attrait des emballages, de faire de la publicité déguisée au cinéma et à la télévision, et de se disputer l'attention du client dans les points de vente.

6. Réformer le régime de la taxe sur le tabac

Une hausse de la taxe sur le tabac réduit la consommation de tabac, surtout chez les jeunes. Le gouvernement fédéral a pris des mesures décisives sur ce plan dans son budget de 1989. Il doit maintenant veiller à éliminer entièrement la différence de taxe entre les cigarettes et le tabac à rouler. Ainsi, les fumeurs qui, normalement, seraient enclins à abandonner la cigarette à cause de son prix trop élevé, ne seront pas tentés de rouler leurs propres cigarettes. D'autre part, le gouvernement devrait se servir des fonds supplémentaires provenant de la hausse de la taxe sur le tabac pour l'éducation du public sur les dangers du tabac.

7. Mener des campagnes d'éducation efficaces

La taxe sur le tabac rapporte énormément au fisc, et il faut qu'une part plus importante de ces recettes aille au financement de campagnes conçues tout spécialement pour aider les jeunes Canadiens à résister à la tentation de se mettre à fumer. Le gouvernement fédéral devrait aussi prendre diverses initiatives, telles que des crédits d'impôts, afin d'encourager l'organisation de cours sur le thème "Comment s'arrêter de fumer".

8. Interdire le tabac à chiquer

Le recul de la consommation de cigarettes incite l'industrie du tabac à promouvoir plus énergiquement les ventes de tabac à chiquer aux jeunes Canadiens. Il faut, comme en Australie, interdire ce produit avant que sa consommation n'entraîne une épidémie de cancers de la bouche et d'autres maladies.

9. Obtenir des décisions judiciaires qui fassent jurisprudence

Les Canadiens qui ont contracté des maladies imputables au tabac parce qu'ils étaient prisonniers d'une dépendance à l'égard de celui-ci, acquise parfois avant l'âge de responsabilité, peuvent avoir droit à des dommages et intérêts en vertu de la législation régissant la responsabilité civile envers les consommateurs. Il ne faut pas que leurs droits leur soient déniés parce qu'ils ne sont pas assez riches pour s'attaquer à une industrie qui, financièrement, a sur eux un avantage écrasant.

L'industrie du tabac s'est soustraite à l'obligation que lui impose la législation régissant la responsabilité civile envers les consommateurs d'informer ceux-ci des risques de dépendance et autres dangers que présente l'utilisation de ses produits. Des décisions qui feraient

jurisprudence réduiraient les frais de justice pour les autres plaignants et seraient une grande victoire pour les défenseurs de la santé publique. Lorsque l'une des parties à un procès est financièrement handicapée, les pouvoirs publics peuvent lui fournir une assistance judiciaire; il y a des précédents à cet égard.

10. Faire cesser toute participation des pouvoirs publics à la promotion des ventes de tabac aux pays du Tiers Monde

Le public considère de plus en plus que les pratiques peu scrupuleuses auxquelles l'industrie du tabac n'hésite pas à recourir pour vendre ses produits dans des pays défavorisés du tiers monde sont tout simplement répugnantes. Il ne faut pas que l'argent des contribuables serve à financer un quelconque soutien des pouvoirs publics à la promotion des ventes de tabac aux pays du Tiers Monde.

Aidez nous à donner une chance aux enfants...

1. Appuyez votre **Plan en 10 points** pour que l'épidémie soit traitée comme une épidémie. Écrivez à votre député (Chambre des communes, Ottawa K1A 0A6); vous n'avez pas besoin d'affranchir votre lettre. Si vous ne connaissez pas le nom de votre député, appelez Élections Canada 1-800-267-8683 (numéro gratuit).
2. Écrivez d'abord à votre député. Demandez-lui de *défendre le Plan en 10 points*. Écrivez ensuite à M. Perrin Beatty, ministre de la Santé, à la même adresse. Ou envoyez-lui une copie de la lettre que vous aurez adressée à votre député.
3. Mettez-vous en rapport avec les services de santé publique desservant votre localité, le conseil local de la santé, le conseil d'administration des hôpitaux, le conseil de l'éducation, les syndicats, etc. Demandez-leur d'adopter une motion en faveur du **Plan en 10 points**. Demandez-leur de diffuser ce dépliant.
4. Demandez à votre médecin d'écrire. Écrivez au rédacteur en chef de votre journal.
5. Envoyez un don pour le financement de la campagne. Comme votre contribution servira à financer une action militante, elle ne sera pas déductible de vos revenus imposables. Mais votre argent, soyez-en sûr, servira à financer des initiatives hautement efficaces axées sur la prévention.



APPENDIX III

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

May 1989

Dear Colleague:

As you are aware, infection control, and especially controlling the spread of HIV, has become an important issue in today's dental office. The enclosed book includes a chapter on "AIDS and Dentistry", as well as general information on AIDS.

We at the Canadian Dental Association have been pleased to work with Health and Welfare Canada to bring you this resource on AIDS. Enclosed is a message I have received from the Honourable Perrin Beatty. This joint effort would not have been possible without generous government funding.

I hope that you will find the opportunity to read AIDS-What Every Responsible Canadian Should Know, and share the information with your staff and patients.

Sincerely yours,

Jack W. Niedermayer, B.A., D.D.S.
President

Enclosures

Minister of National Health
and Welfare



Ministre de la Santé nationale
et du Bien-être social

19 IV 1989

Jack Niedermayer, B.A., D.D.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Niedermayer:

I would like to express my appreciation to you and the Canadian Dental Association for its co-operation with the Federal Centre for AIDS in providing factual information about AIDS and HIV infection to dentists in Canada. As Minister of National Health and Welfare, I am strongly committed to controlling and preventing the spread of AIDS in Canada. It is the responsibility of all health care professionals to help increase AIDS awareness and knowledge among the general public that they serve.

I am pleased to provide your members with a copy of the book AIDS: What Every Responsible Canadian Should Know, as a reference guide. This book, written by James Greig, clearly presents the facts and explores the myths surrounding the AIDS epidemic in order to provide an understanding of this fatal disease. Copies are available in both official languages.

Once again, I would like to thank you and your Association for assisting us in our efforts to prevent and control the spread of HIV infection in Canada.

Sincerely,

A handwritten signature in dark ink, appearing to read "Perrin Beatty".
Perrin Beatty

Enclosure: 1



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

OFFICE OF THE PRESIDENT / CABINET DU PRÉSIDENT

mai 1989

Cher collègues,

Comme vous le savez, un des grands soucis de l'heure dans les cabinets dentaires, c'est la prévention de la contamination, notamment du virus de l'immuno-déficience humaine. Il me fait donc plaisir de vous faire parvenir la plaquette ci-jointe qui traite du Sida en général et dont un chapitre présente la question sous le volet de la médecine dentaire.

Il nous a fait grand plaisir, à l'Association dentaire canadienne, de collaborer étroitement avec Santé et Bien-être Canada pour vous offrir ce livre qui s'accompagne d'un message de l'honorable Perrin Beatty. Cet effort conjoint a été rendu possible grâce à la générosité du gouvernement.

Je vous invite donc à lire Le Sida, ce que tout Canadien responsable doit savoir et à en partager l'information avec votre personnel et vos patients.

Le président,

Jack W. Niedermayer, B.A., D.D.S.

Pièces jointes

Minister of National Health
and Welfare



Ministre de la Santé nationale
et du Bien-être social

Ottawa, K1A 0K9

19 IV 1989

Monsieur le Docteur Jack Niedermayer
Président
Association dentaire canadienne
1815, chemin Alta Vista
Ottawa (Ontario)
K1G 3Y6

Monsieur le Docteur,

Je tiens à vous remercier, de même que toute l'Association dentaire canadienne, d'avoir collaboré avec le Centre fédéral sur le SIDA à la communication de données factuelles sur le SIDA et l'infection à VIH aux dentistes du Canada. En ma qualité de ministre de la Santé nationale et du Bien-être social, je me suis fermement engagé à contrôler et à prévenir la propagation du SIDA au pays. Il incombe à tous les professionnels de la santé d'aider à rehausser la sensibilisation au SIDA au sein du grand public qu'ils servent, en faisant mieux connaître les faits.

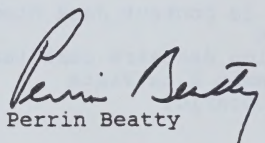
Je suis heureux d'offrir à vos membres, à titre de référence, un exemplaire de la publication «Le SIDA - Ce que tout Canadien responsable doit savoir». Rédigé par James Greig, cet ouvrage présente les faits avec clarté et explore les mythes qui entourent l'épidémie du SIDA, de façon à expliquer cette maladie mortelle. Il est disponible dans les deux langues officielles.

.../2

- 2 -

Encore une fois, je vous remercie, ainsi que tous les membres de l'association que vous représentez, de joindre vos efforts aux nôtres pour prévenir et juguler la propagation de l'infection à VIH au Canada.

Je vous prie d'agréer, Monsieur le Docteur, l'assurance de ma considération distinguée.


Perrin Beatty

Pièce jointe: 1

COMMITTEE ON HOSPITAL AND INSTITUTIONAL SERVICES

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Committee Members: Dr. Edmund MacInnis, Chairman, Ottawa
Dr. Colin Foster, Winnipeg
Dr. John Hardie, Ottawa
Dr. Dana Herberts, Vancouver (Dr. Don Lauriente, Alternate)
Dr. Victor Legault, Montreal
Dr. David Murphy, Halifax

Executive Liaison: Dr. Les Allen, Winnipeg

Coordinator: Mr. Brian Henderson, Director
Education and Accreditation

1. Committee Meetings

The Committee has met once the 1988 annual meeting of the CDA Board of Governors, on May 14, 1989.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. CDA membership on CCHFA Board

The Canadian Dental Association has received a letter from Ambrose Hearn, Executive Director of the Canadian Council on Health Facilities Accreditation, acknowledging receipt of earlier correspondence requesting a CDA seat on the Board of Governors of this body. The letter indicates that the review of the structure of the CCHFA is complete and no significant changes appear to have been made. The Canadian Dental Association is asked if it would be interested in a seat on an Advisory Council reporting to the Board. The Chairman and Coordinator of this Committee have informally advised the CDA Executive Director and Executive Council that such representation is tantamount to second class citizenship and unacceptable. No further action is proposed by the Committee as the Committee will cease to exist with the creation of the new Committee on Community and Institutional Dentistry and reassignment of its responsibilities in accreditation to the new Council on Accreditation.

3. Procedures For Oral Care of Chronic Care Patients - A Document For Health Care Workers

This document which was jointly prepared by the Council on Hospital & Institutional Services and the Canadian Dental Hygienists Association has been printed and is currently

being sold through the Communication Services of the Canadian Dental Association. There has been heavy demand from nursing associations, chronic care hospitals and private nursing homes. Approximately 450 copies in English and French of the document have been sold to date. The Committee is pleased with the success of this initiative and trusts it will be remembered as the one symbol of the accomplishment of this Committee.

4. Guidelines for Credentialing of Medical/Dental Staff in Health Facilities

Dr. John Hardie has represented the Canadian Dental Association at meetings of the Canadian Hospital Association studying guidelines for the credentialing of medical/dental staff in health facilities. The CHA Committee has completed the review of draft three of the document and will be undertaking review of the fourth draft in September. Copies of draft have been provided to the CDA Council on Education and Accreditation and to the Executive Council of the CDA Board of Governors for information. Dr. Hardie will be informed of any specific concerns raised by these bodies. The Committee feels that the document will be a useful resource and that the interests of dentistry are well represented in the current draft.

5. Items for the Attention of the Committee on Hospitals of the Council on Accreditation

Members of the Committee on Hospital & Institutional Services have requested that the following comments be forwarded to the Committee on Hospitals of the new Council on Accreditation for consideration by the new Committee:

- the Committee encourages the appointment of full-time heads of dental service departments;
- the Committee feels strongly that an oral hygiene program should be encouraged in all hospital dental services to improve patient care;
- the Committee believes that rotating internship programs in hospitals must contain a formal teaching component as well as service opportunities in order to benefit the students.

6. Cessation of the Committee on Hospital & Institutional Services

As noted earlier, the Committee on Hospital & Institutional Services ceases to exist with the submission of this report. As the concluding Chairman of the Committee I would like to express appreciation to the members who have served over the years and to the Chairmen who have preceded me in this capacity. I believe that examination of the record will show that this Committee has served the Canadian Dental Association well, furthering the interests of hospital dentistry and developing resources of particular value to institutional dental services. Committee members have asked me to express their appreciation to Mr. Brian Henderson for his guidance and assistance over the years and to Lorraine Emmerson, the Coordinator of Accreditation, for her work with the Committee.

Respectfully submitted,

Edmund MacInnis, D.D.S., F.R.C.D.(C)
Chairman
Committee on Hospital & Institutional
Services

ADOPTION OF REPORT

The Board of Governors receives the report of the Committee on Hospital and Institutional Services as information.

COMMITTEE ON INFORMATION SERVICES

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. P. O'Brien, Chairman, St. John's, Nfld.
Dr. W. Hettenhausen, Thunder Bay, Ont.
Dr. G.M. Ritson-Bennett, Innisfail, Alta.
Dr. A. Maplethorp, West Vancouver, B.C.
Dr. G. Lafrenière, Hull, Québec

Executive
Liaison: Dr. L. Allen, Winnipeg, Manitoba

Coordinator: Miss L. Teteruck

1. Council Meetings

Committee met once since the last Board, on Monday, April 3, 1989. Mr. Mark Sarnier and Ms. Cathy Beaumont of Manifest Communications were guests at this meeting. In addition a conference call was held on Wednesday May 31, 1989.

ITEMS REQUIRING BOARD ACTION

2. Dental Health Month 1989 and 1990

The Committee reviewed the sales figures which totalled \$61,528.91 at April 30, 1989. Expenses total \$108,531.00. Materials have continued to sell after Dental Health Month and it is anticipated that these figures will change by year end.

The Committee discussed the value of providing these materials in relation to the work required to produce them. It also appears that some provinces prefer to order and develop their own items such as T-shirts and posters. While the Committee was pleased with the items produced as part of the DHM campaign, it was felt that more effort should be put into marketing the items currently available rather than spend more time and effort in creating new items. Ms. Teteruck indicated that Membership Committee is currently discussing the hiring of a marketing person to market membership and membership services.

As a membership service, DAP and DHM marketing activities could perhaps be included in this person's activities. It was suggested that staff and Mr. Sarnier collaborate in order to develop a marketing plan for DHM items currently in existence. The proposal is appended.

APPENDIX I

The Committee enthusiastically supports this proposal.

RESOLVED:

- 89.54 THAT the 1990 Dental Health Month outline be accepted as a means to promote Dental Health Month as the highlight of a comprehensive year-round Dental Awareness Program that encourages provincial support and participation.

ADOPTED

The Committee expressed concern about the possible invasion of provincial jurisdiction with this proposal. Provinces may feel that programming efforts such as that proposed may be inappropriate by CDA. Mrs. Allen-McGill was requested to survey the corporate bodies about this matter.

The Committee also questioned including in this proposal the selling of artwork to the provincial bodies in order to create their own materials. It was staff and Dr. Allen's impression that although this had been discussed at great length at the April meeting of Presidents and CEOs it was CDA's position that this type of service should not be available to corporate members. This conclusion, however, required substantiation.

The Council on Information Services was divided in its feeling on this matter. While they feel that DHM materials should be more accessible to the provinces, they are concerned about protecting the quality, integrity and CDA identity. Should artwork be sold to the provinces for creation of their own materials, Council agrees that explicit guidelines will have to be developed for use of these materials. Dr. Allen was directed to bring forward Council's concerns and questions to Executive Council.

Executive Council re-confirmed the principle that provincial participation in CDA Dental Health Month/Dental Awareness Projects and activities be integrated with, and supportive of, these centralized programs, and not separate and competitive with them.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Dental Awareness Program - Television Public Service Announcement**

The Committee discussed the appearance of provincial dental association videos and television public service announcements. The Committee strongly feels that television public service announcements should be a national project. Dr. Allen relayed Executive Council's comments on this matter which stressed the fact that funding is not presently available for this type of project. The Committee agreed that a survey of the provinces be completed in order to determine possible funding alternatives for such a project, potential themes, and issues to be addressed during a PSA that would be co-ordinated under the CDA umbrella.

The survey was designed to request information on relevant themes and issues for the production of national public service announcements (PSA's) for television, and funding options for the purpose of presenting the findings to the executive council in June 1989.

Mrs. Allen-McGill presented the results of a survey of corporate bodies requesting their support for a television public service announcement during the conference call on May 31st. She reported that overall support for the concept was positive. Most provinces felt that there should be a national initiative. Only one province, Ontario did not wish to support the concept and Saskatchewan was reluctant to commit at this time to any funding for such a project as they developed their own PSA last year. All provinces were concerned about the financial implications of such a project on their province. Consequently, future funding could not be assured. The provinces did however request additional information in order to ascertain their future support of this project.

In light of this response, Mr. Sarner was directed to prepare a proposal and workplan for this project using existing DAP resources.

4. Budget and Finances

The Committee spent considerable time discussing Program finances, particularly as they relate to merchandising efforts. Moving ahead the preparation of both the 1990-1991 budgets has not allowed the Committee to adequately

discuss programming efforts. Consequently budget figures that have been provided for both years are provisional since they have been prepared prior to formal program development.

APPENDIX II

One such problem rests with the budget as developed in 1990 for DHM and the fact that our 1990 DHM outline was only reviewed at our conference call on May 31st. The Committee strongly endorses the 1990 proposal. We feel that it will enhance CDA's programming initiatives, will increase sales, will increase CDA's profile with the membership and the public, and will consolidate our public education activities as a year round activity.

We are unable to accomplish this under the constraints of the 1990 budget. We do not feel we need to change our combined bottom line figure for pamphlets and DHM but we feel we need to adjust our revenue and expenses to accomplish this objective. We are also unable to accurately monitor this program and its expenses under the current reporting structure. We therefore request that the reporting system for DHM be combined with pamphlets to encompass merchandise in general, and that costs related to merchandising be recoverable through sales. Non recoverable expenses for planning and creative will be listed separately. We feel that by combining these two areas we will have better control and we can better evaluate whether prices cover expenses.

Our 1991 budget has been prepared in isolation to a planning proposal for both DHM and DAP. Our figures have been selected conservatively to allow for continuation of our current efforts.

In addition, a \$50,000 expenditure for a PSA has been included.

Executive Council receives as information and defers to the Planning Session.

5. Research - Proposal from Canada Health Monitor and Recommendations

The Committee has reviewed information pertaining to the Canada Health Monitor. The "Monitor" is a survey of public attitudes and behaviours that is issued quarterly. As it deals primarily with health issues and is used by such prestigious organizations as Health and Welfare Canada and by the Canadian Medical Association it is recommended that CDA

subscribe. The "Monitor" is more cost effective than survey methods like Gallup Poll and provides the Association with an effective way to monitor dental issues. The Committee strongly endorses this decision and asked Dr. Les Allen to bring this matter to the attention of Executive Council for their comments.

6. First Teeth

An agreement with Colgate-Palmolive regarding the transition of shipping responsibilities and another free distribution of First Teeth materials is on the verge of being finalized. Materials will be sold to dental offices through the new catalogue. Due to the great support for this program and tremendous demand for materials, the Committee suggests that consideration be given to marketing the program outside the dental office. This will be considered in 1990.

7. Patient Information System

A proposal was developed for presentation on CDA's behalf at a meeting with Proctor and Gamble on April 19, 1989. It is hoped that we will have a final response to the program and the possibility of Proctor and Gamble's sponsorship of all of it by the Executive Council meeting in June.

Dr. Allen updated Executive Council on this matter at the June meeting.

8. Magazine Supplement

A dental health magazine supplement appeared in the May issue of Chatelaine magazine. This supplement is virtually the same as last year's with the exception of a new cover and introductory page. The supplement was sponsored by Colgate-Palmolive and due to the timing involved in the decision making process and tight magazine deadlines, the development of an entirely new product was not possible. Chatelaine's readership council will once again be able to provide us with an indication of the effectiveness of this vehicle. One competing factor for this year's supplement is the appearance of a similar publication by Proctor and Gamble (Crest) in the May issue of Canadian Living magazine.

9. Recall Kits

Research is being carried out to determine what recall systems are currently being used in dental offices and what needs can be addressed a program. A proposal to a corporate sponsor will be underway should favourable results be received from the market survey.

10. New Catalogue

A new catalogue has been produced. Approximately 60,000 copies were printed for distribution to the profession via direct mail campaigns. Distribution of the catalogue will be done via 2 Communiqué mailings and 1 Journal insertion, and future marketing plans are currently being developed. A new section in the catalogue features professional development materials produced by the Association.

11. Corporate Leverage

It is estimated that approximately \$4 million in corporate leverage has been received to date. This will be updated at council's next meeting.

Respectfully submitted,

Dr. Paul O'Brien, Chairman
Information Services Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Information Services Committee with appreciation.

DENTAL HEALTH MONTH 1990 OUTLINE

Introduction

The following document has been created for the Information Services Committee of the CDA. It outlines the "bare bones" of a plan for Dental Health Month 1990. It provides objectives, an approach, and several ideas for the Committee's consideration.

Situation Analysis

Dental Health Month has grown significantly in popularity over the past several years. Participation by individual dentists, local groups, and provinces has increased considerably. Bob and Keep Smiling have captured the hearts of the dental profession, and sales of materials this year are excellent. More individual dentists are purchasing Dental Health Month materials. Several provinces have created their own "Bob" materials, resulting in a more widespread but less uniform use of this concept.

Looking Ahead

At its April 1989 meeting, the Information Services Committee made several recommendations regarding DHM 1990. These are summarized as follows:

- Build on the success of 1989.
- Place more emphasis on marketing the materials that are currently available.
- Market DHM materials year-round.
- Develop a strategy for provincial use of Bob/Keep Smiling artwork.

Objectives for 1990

Working from the base of success in 1989 and the recommendations of the ISC, the following objectives are proposed:

- Increase the visibility of Dental Health Month, the key elements of which are Bob and the Keep Smiling message.
- Increase participation in DHM, both within and outside the dental profession, primarily at the community level. DHM "comes to life" in communities.
- Position CDA as the national coordinator of DHM activities. The CDA should facilitate the development of innovative materials and activities, but should not "govern" everything that happens during DHM.
- Further the aims of the Dental Awareness Program. That is, aim for improved Outcomes through community, media, and professional communication channels, and increased Impact on the Canadian public.

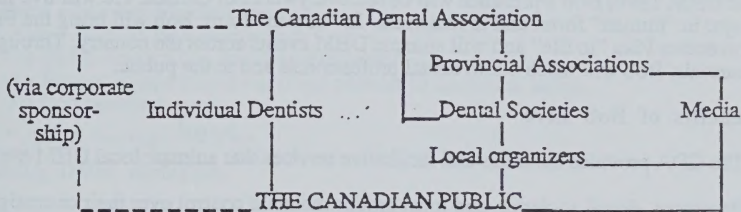
Programming Criteria

The following criteria will govern the development and implementation of this plan for DHM:

- Timelines and budgets, once set, will be adhered to. Components of this plan will be completed on time and on budget.
- CDA funding will support the core of this DHM plan. National corporate sponsorship will be sought to offset some DHM expenses, as well as for special events and activities.
- This DHM program is designed to operate without national media advertising. Although advertising would be beneficial to the program, it could only happen with corporate support.

Target Audiences

Although the ultimate target audience for DHM messages is the Canadian public, there are several channels of communication for reaching them. The following diagram shows these channels:



Individual Dentists: This group includes hygienists, who are key communicators of preventive dental care messages. Dentists and hygienists are reached directly by the CDA through mailing of *The Journal*, newsletters, order forms, etc.

Provincial Associations: The provincial dental associations and colleges can be subdivided into three groups:

- Those provinces which have large-scale, active DHM campaigns with significant budgets. This group includes B.C., Manitoba, Québec, and Nova Scotia.
- Those provinces which have relatively small DHM budgets and less ambitious campaigns for DHM. This group includes Newfoundland, P.E.I., New Brunswick, and Saskatchewan.
- Decentralized provinces, where DHM activities are managed by local groups and societies, with relatively little coordination at the provincial level. This group includes Ontario, Québec, and Alberta.
(Québec appears in two categories due to the unique nature of its DHM efforts. Ontario can be considered "in transition" with respect to its DHM campaign.)

Depending on the province, the CDA can reach dental societies and local groups either directly, or through the provincial associations. The main vehicle for this is the Fall Tour.

Dental Societies: These are the community and district associations of dentists. Dental Health Month committees are usually formed at this level.

Local Groups: These groups of professionals and volunteers design the local special events and activities for DHM.

The Canadian Public: The messages of DHM are not restricted to any segment(s) of the population; we want to reach as many people as possible.

Bob Live: The Approach for 1990

Dental Health Month has a growing base of support within all the target audiences. The challenge for 1990 is to build on the existing base, create increased visibility, and target our efforts for more impact.

At the center of this approach is Bob, Live.

Bob is by far the most visible, recognizable, and appealing symbol of DHM. Bob and Keep Smiling, supported by the Five Point Prevention Plan, capture the essence of Dental Health Month.

For DHM 1990, Bob's presence will be felt everywhere in Canada. He will live in two ways: in "human" form, and in materials. In "human" form, Bob will bring the Five Point Prevention Plan "to life" and will animate DHM events across the country. Through DHM materials, Bob will reach out to dental professionals and to the public.

Benefits of Bob Live

- The CDA provides materials and facilitative services that animate local DHM events.
- Provinces, dental societies, and local groups maintain control over their campaigns.
- The "human" Bob will attract increased media interest.
- Local organizers can create events using the "human" Bob as the centerpiece.
- The "human" Bob will increase contact between local groups and the Canadian public.

The Bob Tour

Each year, an increasing number of local groups and dental societies create and run special events for DHM. These special events and activities run the gamut, and are frequently very creative. The CDA wishes to support and, where appropriate, facilitate these events. Bob Live makes this happen.

Bob will come to life as a full-size mascot or costume worn by a trained actor. As such, he will tour Canada, visiting up to ten provinces. These visits will be pre-arranged by the CDA in collaboration with the provinces and dental societies, who will develop Bob's appearance itinerary. Bob will naturally be the center of attention wherever he goes, be it a visit to a seniors' home, an appearance on an open-line show, or a meeting with the mayor. Bob will become a goodwill ambassador for DHM and the CDA, and will carry the Keep Smiling message and the five Point Prevention Plan with him wherever he goes. This tour will become the animating force of the DHM campaign.

Since Bob is an Everyman, not a dental expert, he will be accompanied at each appearance by a local dental authority. Bob will travel with a CDA representative, who will be responsible for coordination and tour management.

By having Bob Live, the CDA will stimulate interest by local groups in organizing new or different special events for DHM. The Planning Kit will include lots of ideas for using Bob Live.

National corporate sponsorship can enrich the Bob Tour by supporting special promotions such as a photo contest, a sweepstakes, or an additional event. A corporate sponsor might pay for a smile-related item that Bob gives away at each of his appearances, or support Bob's travel expenses.

DHM Materials:

The Bob/Keep Smiling materials that are currently available are selling, and there is no need to remove any of them from circulation. Nevertheless, the CDA will require:

- New order forms for both provinces and individual dentists
- A new planning kit supplement for provinces and local organizers

In addition, new Bob items could be produced with the support of a corporate sponsor. These items *might* include such ideas as:

- an 8 1/2 x 11 Bob mini-poster
- a Bob/Keep Smiling toothpaste squeezer
- a Bob audiotape to relax nervous patients in the dental office.
- a Bob postcard
- *colouring book*

Marketing DHM materials

There are two objectives in the marketing of DHM materials:

1. To sell the materials themselves.
2. To communicate the central ideas of DHM in order to gain support and buy-in.

For 1990, direct mail will be the key method of marketing to individual dentists and hygienists. Mailings in *Communiqué* and the Canadian Dental Hygienists Association newsletter will yield a very cost-effective return on investment.

The Fall Tour will be the venue for marketing Bob Live to the provinces and dental societies.

In addition, a series of articles will be placed in the *Journal* and *Communiqué*, so that the DHM presence is felt more widely.

Those provinces which have large DHM budgets and comprehensive campaigns will continue to use Bob/Keep Smiling artwork to create materials of their own. In its role of supportive facilitator, the CDA should make this artwork available for use by provincial dental societies at an appropriate cost so that quality is maintained.

Timelines

Here are the key dates in the development of the DHM 1990 campaign:

May 31, 1989	Information Services Committee conference call
June-August	Planning and Development. Obtaining corporate sponsorship.
Last two weeks of October	Fall Tour - <i>earlier</i>
November 1	Planning Kit and Order Form for provinces completed.
December 1	All Bob Tour dates confirmed.
January 1, 1990	Mailing with Communiqué; letter from CDA President, order form for individual dentists. Any new Bob materials completed.

Conclusion

This plan sets out a Dental Health Month program that has potential beyond 1990. The plan meets the criteria set by the Information Services Committee, and provides an appropriate balance between the need to revitalize DHM annually and the need to market Bob and the materials to support him.

Equally important, this plan provides for more efficient collaboration with the provinces and communities, and respects their need for autonomy without sacrificing the CDA's national role.

Ultimately, this Dental Health Month plan gives the CDA the means for a highly visible and enjoyable program that reflects well on the CDA and on dentistry in general.

APPENDIX II

1990 and 1991 Budgets
DHM, DAP MERCHANDISE

	1990 Original	1990 Revised	1991
REVENUE			
Merchandise			
DHM	\$55,000	\$75,000	\$85,000
Pamphlets	\$100,000	\$100,000	\$110,000
Total Merchandise Revenue	\$155,000	\$175,000	\$195,000
Other Revenue			
Special Projects	\$10,000	\$10,000	\$20,000
Grants	\$20,000	\$20,000	\$20,000
EXPENSES			
Merchandise			
DHM	\$50,000	\$75,000	\$85,000
Pamphlets	\$90,000	\$85,000	\$90,000
Non-Recoverables	\$25,000	\$25,000	\$30,000
Total Merchandise Expenses	\$165,000	\$185,000	\$205,000
DAP	\$135,000	\$135,000	\$160,000
DAP Admin.	\$21,000	\$21,000	\$21,000
PSA Film			\$50,000

MANAGEMENT COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Kevin L. Roach, Pembroke - Chairman
Dr. Jack W. Niedermayer, Regina
Dr. Gilles Dubé, Lachute
Dr. Ron J. Markey, Vancouver
Mr. Jardine Neilson, Executive Director

Coordinator: Mrs. Sandra Deziel

1. Committee Meetings

Since the 1989 Interim meeting of the Board of Governors, the Management Committee has met once, on June 7, 1989.

ITEMS REQUIRING BOARD ACTION

2. Annual Grant to CFDE

The annual grant to CFDE was reviewed by the Management Committee. The current grant is fifteen thousand dollars (\$15,000) per annum. Funding support received from CFDE by the CDA outweighs the contribution to CFDE. Management Committee agreed that an adjustment would be beneficial.

RESOLVED:

89.55 THAT the annual grant to CFDE be increased from fifteen thousand dollars (\$15,000) to twenty thousand dollars (\$20,000) effective in 1990; and,

FURTHER, THAT the additional five thousand dollar (\$5,000) grant be earmarked by the CDA toward a specific project.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. Licensing Body - NDEB Grant Increase

The 1989 Interim Meeting of the CDA Board of Governors approved motions that the CDA request the dental licensing bodies and the National Dental Examining Board to adjust their financial support of the accreditation process, based on the report of the Ad Hoc Committee reviewing the financial support for accreditation. Following the meeting, formal letters were sent to the organizations concerned.

APPENDIX I

The Council of the Royal College of Dental Surgeons of Ontario has approved an increase in the College's 1990 Grant to CDA for Accreditation from ten dollars (\$10.00) to twenty dollars (\$20.00) per member.

Discussion with the Order of Dentists of Quebec continues. The Order has requested that the CDA examine the process used by the Canadian Medical Association, in relation to funding of the accreditation process. This request will be fulfilled, and further discussion with the ODQ will take place as appropriate.

The requested grant of the NDEB of thirty-six thousand dollars (\$36,000) has not yet been considered by that organization. A meeting between the CDA and NDEB Management Committees is planned in conjunction with the August CDA Board Meeting, in order that there be full discussion prior to the November meeting of the NDEB.

The Management Committee extends appreciation to the Royal College of Dental Surgeons of Ontario, the Order of Dentists of Quebec, and the National Dental Examining Board for their accessibility with regard to the discussion of financial support for the accreditation program.

In future, all organizations benefitting from and contributing to the accreditation process will receive an annual statement of income and expenses for accreditation.

4. 1989 Budget Review

Management reviewed the 1989 budget, and expenditures for the first quarter. Membership statistics as of June 1, 1989 for the provinces of Ontario and Quebec were also examined. The information presented indicates a severe drop in overall membership of approximately five hundred (500) members. Increased expenses in the Dental Health Month area, and expenses relative to the start-up cost of EDI, may result in an increase to the originally predicted deficit of seventy thousand dollars (\$70,000) for the year 1989. New programs and projects in the areas of Membership and Professional Resource Utilization amounting to fifty thousand dollars (\$50,000) being recommended to the Board by the Executive Council, may also alter the year-end position of the Association.

Management agreed that, in principle, budgets should not be cut, but rather program adjustments should be considered in order that the overall effectiveness of program areas not be jeopardized. A review of, and adjustments to the 1989 budget will be made in consultation between senior staff and the Management Committee.

5. Dental Health Month - Budget and Expenses

A preliminary report on the financial status of Dental Health Month and the Information Services budget was reviewed. Concern was expressed over the current merchandising deficit. Possible methods of reducing deficit in this area were discussed in relation to an information report prepared by the Director of Communications. This matter will be considered in the overall review of the 1989 budget.

6. Electronic Data Interchange

A preliminary statement on the financial status of the Electronic Data Interchange project was reviewed. Management recognized the necessity of the heavy costs associated with the intensive start-up activities of this program. It was also noted that certain costs originally thought to be recoverable from the insurance industry must be borne by the CDA. The Chairman of the Third Party Dental Plans Committee and the Chairman of the EDI Sub-Committee will continue to monitor this budget area and report to Executive Council as appropriate.

7. DID Funding and Administrative Arrangements

Costs associated with the Dialogue in Dentistry Program were reviewed, in relation to the cost benefit aspect of the program. Activity plans and reports of the Third Party Dental Plans Committee will outline information concerning utilization of the information provided through the program, and provide comment on the associated cost-benefits.

8. Review of the CDA Per Diem Policy

The CDA policies on the payment of per diems were reviewed. The Executive Council approved a recommendation from Management that per diems paid to chairmen of sub-committees and ad hoc committees of the Executive Council will require the prior approval of the Management Committee.

The payment of per diems to Executive Council members who chair other councils/committees or who are members of other councils/committees, was reviewed. The total time commitment of an Executive Council member is high under normal circumstances. Therefore, in situations where an Executive Council member performs a dual role of this nature, per diem compensation at the Executive level is often warranted. Appropriate budget allocations will be formulated and submitted to Executive Council for approval.

9. Translation Costs

Expenses for translation incurred to date for 1989, and for the year 1988 were reviewed. The feasibility of hiring a full-time translator to perform this service for the CDA was discussed. Considering salary, benefits and office space requirements, the hiring of a permanent staff member would not be justified at this time. Management will continue to monitor translation expenses. Staff has been requested to investigate the possibility of an annual retainer, for the translators currently providing services to CDA on a regular basis.

10. Library Funding - Canadian Dental Foundation

A priority will be given to preparing concise information on the CDA library financial needs, in support of a request to the Canadian Dental Foundation for funding. The Executive Council approved a recommendation of Management, establishing a Steering Committee to determine library needs and their associated costs, inclusive of staff time, accommodation and overhead. The Committee will comprise Dr. Les Allen, Ms. Martha Vaughan and Mr. Joel Neal.

11. Annual Meeting - Presidents and Chief Executive Officers

A financial statement for the 1989 Annual Meeting of the Presidents and CEO's, which was held in conjunction with the Interim Meeting of the CDA Board of Governors, was reviewed. It was agreed that the Presidents and CEO's meeting should continue on an annual basis, as the benefits of bringing together this select group from dental organizations from across Canada justifies the expenditure. In order to achieve a suitable cost benefit, the half-day meeting will continue to be held in conjunction with the Interim Meetings of the CDA Board of Governors.

12. Membership Statistics - Seats on the CDA Board of Governors

Current policy stipulates that membership statistics be reviewed as of July 31st of each year, to determine the number of board seats for the annual and next following interim meeting of the Board of Governors. At the present time, membership is down considerably in the provinces of Ontario and Quebec. The corporate members concerned will be informed of their membership status as of July 31, 1989. Membership figures for Quebec that are counted toward board seats will allow for the seating of three (3) governors from Quebec. Statistics on affiliate members require further clarification, and a membership list from the QDSA is required to validate the active/affiliate membership in Quebec.

13. CDSPI - Continuity of CDA Management Representative

The advantages of naming a management member to the role of CDA spokesperson for communication between the Management Committees of CDA and CDSPI has been reviewed. Although a certain amount of communication president to president will remain a necessity, Management Committee agreed that continuity was an essential element, and that the naming of such a spokesperson should be pursued.

14. Government Relations Committee - Structure Review

Management reviewed the Government Relations program, and discussed a restructuring of this Committee. Under consideration, is the utilization of the Vice-President or another appropriate member of Management to fill the role of Chairman of the Committee. It was agreed that a minimum term of two (2) or three (3) years would be advisable. Committees involved with government relations activities, such as Taxation and the Ad Hoc Committee on Medical Services Branch would be linked through a common executive liaison.

15. Sale of CDA Mailing Lists and Labels

Following direction from Management Committee and Executive Council, the Publications Committee report presented a recommendation calling for the endorsement of the principle allowing the sale of the CDA mailing list. This recommendation has been approved by both the Management Committee and the Executive Council.

16. Wrigley's Canada

The Executive Director recently met with officials of Wrigley's Canada. Wrigley's has agreed to sponsor the reception prior to the President's Installation at the Vancouver Meeting. Information on the CDA's new protocol for the Installation Dinner was provided to Wrigley's.

There is indication that Wrigley's Canada would be willing to provide an additional sponsorship role for the CDA. This item will be given future consideration.

17. 1990 Per Diem and Honoraria Rate

The appended rates for 1990 honoraria and per diems have been approved, reflecting a four percent increase (4%) over the 1989 rate. This action follows the current direction that rates for honoraria and per diems reflect CPI, but not exceed 4% over the previous year's rate.

APPENDIX II

18. CDA Renovations - Update

The plan for renovations to the CDA building and relative cost implications were presented to the Board of Governors as information at the 1989 Interim Meeting. At the present time, working drawings are being prepared following which the tendering process will proceed. The renovation project is running approximately four (4) to five (5) weeks behind schedule. The Board will be provided with additional information at the time of the Annual Meeting.

19. Board Question Period

A Board Question Period was instituted as a formal part of the Board Meeting agenda at the last Interim Meeting. Although the initial response to the Question Period was disappointing, it was agreed that it should continue, as it provides a mechanism for the airing of any concerns and access to information.

20. CDA Telephone Answering Policy

The policy for bilingual response to phone calls made to the Association has been amended, requiring that the name of the Association be given, in full, in both official languages.

21. K.J. Paynter Memorial Symposium - Financial Report

A request has been received from the Royal College of Dentists of Canada for financial support for the K.J. Paynter Memorial Symposium, which incurred a deficit in 1988. No funding will be granted towards this Symposium pending discussion between the CDA Convention Chairman, and the RCDC on the future of the Symposium and its relationship to the CDA Convention scientific program.

22. CDA RSP Financial Statement

The CDA RSP financial statement for the year ended May 31, 1989 was not available for review. Indications are that it will be available for the Fall Meeting of Management.

23. Request for Financial Support - CDA Teaching Conference on Ethics

Management Committee reviewed a submission from Dr. Jim Brookfield, Chairman of the CDA Committee on Ethics, requesting consideration of additional financial support for the CDA Teaching Conference on Ethics. Revenues predicted in the original budget are short by twenty-five hundred dollars (\$2,500). The CDA will be required to compensate for this short fall. Any additional deficit incurred by the Conference would have to be absorbed by the CDA. The Director of Administration will contact Dr. Bruce Graham, Chairman of the Teaching Conference to offer his assistance and advice concerning the financial status of the Conference.

24. Canadian Society of Public Health Dentists - Financial Support - Newsletter

A letter has been received from Dr. Benoit Lafontaine, President-Elect of the Canadian Society of Public Health Dentists, requesting consideration of CDA financial support for the publication of a newsletter. The requested grant of four thousand dollars (\$4,000) was not approved. It was agreed that the feasibility of assisting the CSPHD through the production of a newsletter in-house, utilizing any excess publication time, be examined. As this matter could have a precedent-setting impact, it will be reviewed before any final decision is made.

25. January 1990 Executive Council Meeting - Location

A cost analysis has been prepared by staff on the holding of the January 1990 Executive Council Meeting in Mont Ste-Anne, Quebec. The cost differential of five thousand one hundred and fifty-nine dollars (\$5,159) would be off-set by a subsidy provided by Executive Council members waiving their right to one full day of per diems. On this understanding, the January meeting will be held in Mont Ste-Anne.

26. Scientific and Technical Advisory Committee - National Code of Practice for the Management of Bio-Medical Wastes

Following correspondence received from Mr. Ray Cislow of the Standards Division of the Canadian Standards Association, the Canadian Dental Association has indicated its interest on the disposal of bio-medical wastes of health care facilities, and a CDA representative has been suggested.

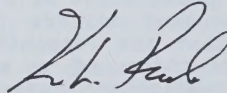
27. Directors and Officers Liability - Errors and Omissions Coverage

On recommendation of the Management Committee, the Executive Council has approved that the annual coverage for directors and officers errors and omissions liability insurance be increased from three million (\$3,000,000) to five million (\$5,000,000), effective immediately.

28. Executive Director's Report on Cheque Registers

The Executive Director of the Association reviews monthly cheque registers, detailing disbursements of the CDA. The Chairman of the Management Committee conducts spot audits of cheques on a random basis from time to time. Cheque registers to April 1989 have been approved by the Management Committee.

Respectfully submitted,



Kevin L. Roach, Chairman
Management Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Management Committee with appreciation.

APPENDIX I

SAME LETTER SENT TO ATTACHED DISTRIBUTION LIST:

February 13, 1989

Dear :

At the January 27-28, 1989 meeting of the CDA Executive Council, a draft budget for 1990 was approved, which incorporates an increase in CDA membership fees. The proposed overall increase will be presented for approval to the March 31 - April 1, 1989 Interim Meeting of the CDA Board of Governors. Executive Council asked that I write to you to present background information to this proposal, and to solicit your consideration and support.

The proposed increases comprise a \$15 (4.8%) increase in Active fees, from \$315 to \$330, and a licensing body fee increase of \$10, raising that fee from \$10 to \$20.

The increase in the Active fee would represent an offset to inflation. The 100% increase in the licensing body fee is a deliberate initiative towards making CDA Accreditation processes financially self-supporting. A copy of the report of the Ad Hoc Committee which reviewed financial support for accreditation is enclosed; it presents data on accreditation costs and revenues, and demonstrates the effect of the proposed increase.

In approving the increase in support of accreditation, Executive Council is underlining the principle that accreditation is a "professional service", as distinct from a "membership self-interest" service, and accordingly should be largely supported by professional funds, as distinct from membership funds. The licensing body fee increase reflects such a policy.

It is hoped that the early distribution of this information will assist you to plan accordingly, and permit your advanced review and subsequent support of the proposed increases.

Thank you for your consideration.

Sincerely yours,

Jardine Neilson
Executive Director

c.c.:

Encl.

Letter addressed to:

Copy to:

College of Dental Surgeons of British Columbia

Dr. Perry Trester, President

Dr. Roy Thordarson, Executive
Director

Alberta Dental Association

Dr. R.D. Sandilands, President

Dr. Bruno Martinello, Executive
Director

College of Dental Surgeons of Saskatchewan

Dr. Keith Hamilton, President

Dr. George Peacock, Secretary-
Treasurer/Registrar

Manitoba Dental Association

Dr. M.G. Dveris, President

Mr. Ross McIntyre, Secretary-
Treasurer

Ontario Dental Association

Dr. Bill Glave, President

Mr. John Gillies, Executive Director

New Brunswick Dental Society

Dr. Donald Williams, President

Dr. Jack Thompson, Executive
Director/Registrar

Newfoundland Dental Association

Dr. Edward Williams, President

Dr. Gary MacDonald, Executive
Secretary

Nova Scotia Dental Association

Dr. Stephan Brayton, President

Mr. Don Pamenter, Executive Director

Dental Association of Prince Edward Island

Dr. Paul Creighan, President

Dr. Brian Barrett, Secretary-
Treasurer

Canadian Forces Dental Services

B.Gen. J.F. Begin, Director General

Royal College of Dental Surgeons of Ontario

Dr. Wesley Dunn, President

Dr. Ken F. Pownall, Registrar



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

Le 13 février 1989

Dr. C. Chicoine
Président et Directeur Général
Association des chirurgiens dentistes
du Québec
425, ouest boul. Maisonneuve
Pièce 1425
Montréal (Québec) H3A 3G5

Cher docteur,

A sa réunion des 27 et 28 janvier 1989, le Conseil exécutif de l'ADC approuvait l'ébauche du budget de 1990 qui comprend une hausse des cotisations. La proposition sera soumise globalement à l'approbation des gouverneurs lors de l'assemblée provisoire des 31 mars et 1^{er} avril 1989. C'est pour répondre au désir de l'Exécutif que je viens, par la présente, vous renseigner davantage sur la proposition et solliciter votre appui.

Le document propose de porter la cotisation des membres actifs de 315\$ à 330\$, ce qui fait une hausse de 15\$ (soit 4,8%), et de doubler la cotisation des organismes de réglementation, la portant de 10\$ à 20\$ par membre.

La première hausse, qui touche les membres actifs, ne fait que couvrir l'inflation, tandis que la hausse de la cotisation des organismes de réglementation a pour objet d'aider le service d'agrément de l'ADC à subvenir à ses propres besoins financiers. Vous trouverez ci-joint le rapport du comité spécial qui a examiné la question; il présente des données sur les dépenses et les recettes du service et fait voir quel serait la portée de la hausse envisagée.

En donnant son aval à la hausse des cotisations comme moyen de financer l'agrément, le Conseil exécutif reconnaît qu'en principe celui-ci est un "service rendu à la profession", distinct du "service personnel rendu aux membres", et qu'il devrait en conséquence être financé en grande partie par des fonds provenant de la profession, et non pas des membres individuellement. La hausse de la cotisation des organismes de réglementation s'inspire de ce principe.

Espérant que la diffusion hâtive de cette information vous donnera le temps voulu pour faire le point et vous incitera à appuyer la proposition, je vous remercie de votre attention et vous prie d'agréer l'expression de ma haute considération.

Le directeur général,

Jardine Neilson



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE EXECUTIVE DIRECTOR / CABINET DU DIRECTEUR GÉNÉRAL

Le 13 février 1989

Dr. Marc Boucher, Président
Ordre des dentistes du Québec
625, boul. René-Lévesque ouest
5e étage
Montréal (Québec) H3B 1R2

Cher docteur,

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En donnant son aval à la hausse des cotisations comme moyen de financer l'agrément, le Conseil exécutif reconnaît qu'en principe celui-ci est un "service rendu à la profession", distinct du "service personnel rendu aux membres", et qu'il devrait en conséquence être financé en grande partie par des fonds provenant de la profession, et non pas des membres individuellement. La hausse de la cotisation des organismes de réglementation s'inspire de ce principe.

Espérant que la diffusion hâtive de cette information vous donnera le temps voulu pour faire le point et vous incitera à appuyer la proposition, je vous remercie de votre attention et vous prie d'agréer l'expression de ma haute considération.

Le directeur général,

Jardine Neilson

c.c.: Dr. P. Y. Lamarche, Dir. Gén./Sec.

1990 Per Diem and Honoraria Rates

The honoraria rates for 1990 will be as follows:

President:	\$42,180
Past-President:	\$10,545
President-Elect:	\$21,090
Vice-President:	\$10,545

The per diem rates for 1990 be as follows:

	President, Past-President, President-Elect, Vice-President, Chairman of the Board		Executive Council Members		Committee/Council Chairmen and Presidential Appointees	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Friday	758	379	530	265	350	175
Sat.-Sunday	379	189	265	133	175	88
<u>Travel Days</u>						
Mon. to Friday	758	379	530	265	350	175
Sat.-Sunday	0	0	0	0	0	0

MEMBERSHIP COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Gilles Dubé, Chairman, Lachute, Québec
Dr. Bernard Dolansky, Ottawa, Ontario
Dr. Bill Rosebush, Vancouver, B.C.
Dr. Sam Sgro, St. Léonard, Québec

Coordinator: Mr. Joel R. Neal

1. Committee Meetings

The Committee has met twice this year, once on April 21-22, 1989 and once by Conference Call on May 25, 1989. A meeting has been scheduled for September 15-16, 1989.

ITEMS REQUIRING BOARD ACTION

2. CDIP Eligibility

Members of the Committee discussed at length how the ability of non-members to access the benefits of the CDIP program served as a disincentive to membership and how it was unfair to the dentists who pay to belong to the group.

RESOLVED:

- 89.56 That CDA continue to examine the issue of CDIP eligibility with a view to increasing the programs' effectiveness as a membership benefit.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. 1989-1990 Budget

The proposed action plan for the 1990 membership campaign would clearly require additional funds.

The current budget for membership promotion amounts to \$80,000.00; the committee calculated that an additional \$33,000.00 was required for a total of \$113,000.00.

The funds would be allocated as follows:

\$30,000.00	"Paper" campaign
\$40,000.00	Booth construction
\$13,000.00	Convention attendance (CDA, ODQ, ODA, Winter Clinics)
\$10,000.00	Practice Management/Communication Seminars
\$12,000.00	Speakers tours (Ontario and Quebec Societies)

Executive Council approved an increase in the budget for membership promotion by \$33,000.00 from \$80,000.00 to \$113,000.00 for 1989 and an adjustment to the 1990 budget to reflect a similar level of activity.

The Committee also agreed to encourage CDA to prepare speeches complete with audio-visual back-up for use by senior elected officials in making presentations.

The estimated cost would be approximately ten thousand dollars (\$10,000).

4. Membership Statistics

APPENDIX I

The Committee reviewed the latest statistics noting the unfortunate drop from both Ontario and Quebec. (Appendix I)

It was also agreed the CDA requires a new relational database for its membership records.

5. Affinity Credit Card

Members reviewed the Affinity Credit Card program and noted that the penetration rate was approximately 6-7% with an acceptance rate of approximately 85-90%, one of the best performance rates in Canada.

Also suggested was that members of the Committee contact dental supply companies in Canada and inquire about their ability and willingness to accept the CDA Affinity Master card as a method of payment.

6. Membership Booth

Members discussed the importance of CDA's booth at conventions. Mr. Sarnier of Manifest Communications presented the Committee with a concept and design for an information booth which would incorporate the Committee's idea for a modular system capable of being used in a number of formats.

Certain design changes were recommended, as were cost cutting measures. Members and staff will work with Mr. Sarnier to develop the booth for launch at the CDA convention in Vancouver.

7. 1990 Membership Campaign

The proposed format of the campaign was discussed at some length. It was agreed the campaign should be focussed separately at members and non-members with each group divided into the three sub-groups representing recent graduates, the general dental population and senior dentists.

The schedule for members would be:

October 15 Invoice directly for the amount of the 1990 fee and include on the invoice a box to check any change in status. Also include their 1990 membership card.

November 15 If no response to the first mailing received, send a personalized follow-up letter with a copy of the new CDA Annual Report.

If a positive response is received, send a thank you letter with a copy of the Annual report.

January 15 If still no response, send a final notice, by electronic mail if possible.

If a positive response is received, send a thank you letter.

The schedule for non-members would be:

October 15 Send a personalized letter with a copy of the CDA Annual Report and include an application form.

November 15 If no response is received, send a second personalized letter highlighting the fact they have seen a copy of the CDA Annual Report and highlight some of points in it.

If the response is positive, send a thank you letter with their 1990 membership card.

January 15 If still no response, send a final notice, by electronic mail if possible.

If they respond positively, send a thank you letter with their 1990 membership card.

It was further agreed that the CDA should consider, at least for recent graduate target group, a letter directed specifically towards women in dentistry.

It was also agreed that the late start to the 1989 Campaign due to the Metropolitan Life/CDIP issue, contributed to the poor results and therefore it was imperative that the Campaign be run according to the established schedule.

8. Student Nights

The value of the Welcome to the Profession and "Grad" functions held at the various dental schools across the country was reviewed. While it was agreed that the events were a good way to introduce CDA to the student population, it was also noted that the established format was not always adhered to and, moreover, budgets were sometimes exceeded.

The Committee agreed to work in concert with the Council on Student Affairs to ensure these events are both cost effective and productive.

9. Proposed New Membership Services - Home/Auto Insurance

Input from CDA's Council on Insurance and Investment (CDSPI) will be sought on the feasibility of implementing a home/auto insurance program for CDA's members, a program similar to that currently in place in Ontario through the ODA.

10. Proposed New Membership Services - Sterilization Control

After reviewing various programs already in operation, members agreed to contact dental supply companies and major hospitals known to be running such programs to determine their interest in co-sponsoring a joint venture with CDA.

11. Proposed New Membership Services - Travel Incentive Program

Transnational Financial Services sponsors of the Affinity Credit Card program, will be contacted in regard to the "Access Canada" program and their ability to incorporate their discount travel program into the CDA Affinity Card.

12. Proposed New Membership Services - Practice Management Seminars

Members reviewed a proposal from Dr. Bob Brandon of the University of Western Ontario to run a series of Practice Management Seminars but agreed that more time would have to be allowed to discuss the concept and format of these seminars.

A series of Patient Communication Seminars, prepared by Manifest Communications was also considered.

13. Proposed New Membership Services - Vehicle Leasing Program

A proposal from Pacific National Leasing to implement a vehicle leasing program was reviewed but again more time would have to be allowed to discuss the concept and format of this program.

14. Communication Strategy

Members agreed that CDA's Communication Strategy should reflect that CDA is a membership organization and that publications should go to members only.

Respectfully submitted

Gilles Dubé, D.D.S., Chairman
Membership Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Membership Committee with appreciation.

06-Jun-89

APPENDIX I

Membership Statistics

as at June 01, 1989

QUEBEC	1989		1988 (to August)	
	licensed	unlicensed	licensed	unlicensed
Active	1301	2	1025	6
Affiliate	34	1	514	8
Supporting	4	2	11	6
Retired	0	16	0	0
Students	43	3	46	9
Life	73	67	77	63
Sub-total	1455	91	1673	92
Non-members	1596	167	1411	155
Total	3051	258	3084	247
ONTARIO	1989		1988 (to August)	
	licensed	unlicensed	licensed	unlicensed
Active	2552	3	2754	16
Affiliate	40	0	91	4
Supporting	21	7	16	17
Retired	0	28	0	0
Students	49	17	59	9
Life	136	228	191	185
Sub-total	2797	283	3111	231
Non-members	2558	246	2343	192
Total	5356	529	5454	423

MEMBERSHIP - CANADA - JUNE 1989:

<u>PROVINCE</u>	<u>ACTIVE MEMBERS + LICENSED LIFE MEMBERS</u>	<u>OTHER MEMBERS</u>	<u>NON-MEMBERS</u>	<u>TOTAL</u>
NEWFOUNDLAND	134	14	6	154
PEI	49	5	2	56
NOVA SCOTIA	389	57	16	462
NEW BRUNSWICK	212	27	9	248
QUEBEC	1,374	172	1,763	3,309
ONTARIO	2,688	392	3,196	5,885
MANITOBA	462	68	27	557
SASAKATCHEWAN	335	32	13	380
ALBERTA	1,244	98	40	1,382
BRITISH COLUMBIA	1,826	190	114	2,130
NWT	18	7	12	37
YUKON	6	1	2	9
	<u>8,729</u>	<u>1,285</u>	<u>4,672</u>	<u>14,686</u>

COMMITTEE ON NOMINATIONS, AWARDS AND TRUSTS

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Ron J. Markey, Chairman, Vancouver
Dr. John R. Robertson, Summerside
Dr. Bradley W. Holmes, Kenora

Executive
Liaison: Dr. Ron J. Markey, Vancouver

Coordinator: Mrs. Sandra Deziel

COMMITTEE MEETINGS

The Committee met in Ottawa on June 6, 1989.

ITEMS REQUIRING BOARD ACTION

1. Elective Offices and Vacancies

Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Committee.

2. All elective offices and vacancies for the 1989-90 term have been filled by eligible nominees, with the following exception: one vacancy remains on the Council on Constitution and By-Laws and the Committee on Ethics. The Canadian Hospital Association's nomination to the Committee on Community and Institutional Dentistry will be named in early August.
3. Elections are to be held during the annual meeting of the Board of Governors in Vancouver, B.C., August 25-26, 1989.
4. Elections will be required as indicated in the appended table.

APPENDIX I

With regard to the Committee on Community and Institutional Dentistry, the Nominations, Awards & Trusts Committee is pleased to have received so many nominations and believe the election process will ensure nominees have equal opportunity for the positions available. The Committee would like to refer the Board to the Terms of Reference for the Committee in order that they may take into account the geographic representation requirement. The Committee also recommends that the initial terms of members be staggered.

5. The call for nominations, the nomination form and the list of nominees with biographical information are appended and comprise part of this report.

APPENDIX II

RESOLVED:

- 89.57 THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.

ADOPTED

RESOLVED:

- 89.58 THAT Dr. George Peacock, Secretary-Treasurer/Registrar of the College of Dental Surgeons of Saskatchewan and Mr. Don Pamenter, Executive Director of the Nova Scotia Dental Association, be appointed scrutineers.

ADOPTED

Following elections by ballot for positions on the Committee on Community and Institutional Dentistry, the results were: Dr. E. Schroeter, New Brunswick, General Practitioner position; Dr. W. Steggles, Ontario, General Practitioner position; Dr. N. Farrell, Ontario, Public Health position; Dr. G. Smith, Newfoundland, Pediatric position; and Dr. J. Hardie, Ontario, Oral Biologist/Pathologist.

RESOLVED:

- 89.59 THAT the ballots be destroyed.

ADOPTED

The Nominations, Awards and Trusts Committee members expressed concern that since 10% of dentists are female, there is an under-representation in the CDA structure. The Committee would like to see more women represented on the CDA Board, Councils and Committees.

6. Corresponding Members

The Committee reviewed terms of reference for corresponding members to CDA Committees.

RESOLVED:

APPENDIX III

89.60 THAT the appended terms of reference for corresponding members be approved; and,

THAT these terms of reference be forwarded to appropriate chairpersons for action regarding the institution of a system of corresponding members.

ADOPTED

Solicitation for corresponding members has taken place; a listing of these members is appended. Corporate bodies who have not submitted names for corresponding members are encouraged to do so.

APPENDIX IV

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Committees of Executive Council

APPENDIX V

The Committee expressed concern that members' terms could be extended almost indefinitely where the terms of reference for committees require annual appointment. Executive liaisons are to discuss this situation with the respective Chairpersons.

Terms of reference are to be reviewed annually by the Chairperson and Executive Liaison. The membership of the Taxation Committee will be augmented by one member to be selected in consultation with the Taxation Committee Chairman.

The Committee on Salaried Dentists has been disbanded and will be brought back on an ad hoc basis.

The Third Party Dental Plans Committee is to review its committee membership regarding the expiring terms.

8. CDA President's Award

APPENDIX VI

A list of 1988-89 recipients of the CDA President's Award is appended.

9. Honorary Membership

APPENDIX VII

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature. It should not be viewed as an automatic award, following a great number of years of practice. Due to the distinctive nature of the Honorary Membership Award, only in the most unusual circumstances will there be more than one award conferred in any one year.

Executive Council approved the recommendation that Honorary Membership in CDA be conferred on Dr. Ralph P. Crawford, Winnipeg and Dr. Robert N. Hicks, Vancouver.

10. Distinguished Service Award

APPENDIX VIII

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the corporate level, specialty society, council or committee level. An award each year shall not be considered a requirement.

Executive Council approved the recommendation that the Distinguished Service Award be granted to Dr. Arthur Schwartz, Dr. Kenneth Bentley, Dr. Ted Ramage and Dr. Donald Steeves.

11. Award of Merit

APPENDIX IX

The Committee reviewed the definition for the Award of Merit, and the following changes were approved by Executive Council:

"The recipient of this award must be a dentist. The award will be conferred upon an individual CDA member who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian Dentistry, such as:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- at least 4 consecutive years of service to any dental organization or specialty sector;
- at least 4 years as a Council/Committee Chairman.

Executive Council approved the recommendation that the Award of Merit be granted to: Dr. John Phillips, Dr. Bruce Bowden and Dr. Frank Copithorne in 1989.

Award recipients in the categories of Honorary Membership, Distinguished Service Award and Award of Merit will be recognized through the inclusion of their names on suitable plaques to be maintained in a prominent position at CDA Headquarters.

The Committee on Nominations, Awards and Trusts thanks the Corporate Bodies for submitting nominees and suggests that the provincial bodies be encouraged to recognize nominees through provincial awards.

CEO's Candidacy - CDA Awards

The Executive Council has approved a recommendation of the Committee that future Nominations, Awards and Trusts Committees be encouraged to review the contributions made by provincial and licensing body CEOs across Canada and consider such persons for awards as appropriate.

Special Friend of Canadian Dentistry Award

On recommendation of the Committee, Executive Council has agreed that an appropriate plaque be designed in appreciation and thanks for friendship and assistance to the CDA. This award is to be presented to Dr. Tom Ginley, Executive Director of the American Dental Association.

12. Life Member Certificate

The Committee reviewed and approved a certificate designed for recognition of those receiving life membership in CDA. Certificates will be forwarded to individuals receiving life membership status in 1989 and future years.

Respectfully submitted,

Ron J. Markey, D.D.S., M.S.D.
Chairman, Committee on
Nominations, Awards & Trusts

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Nominations, Awards and Trusts with appreciation.

NOMINATIONS - CDA ELECTIVE OFFICES - 1989

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES/AFFILIATIONS
<u>Chairman of the Board</u>				
Dr. N. A. Mancini	Annual Election	Active or Honorary Member	1 year	1. Dr. N. A. Mancini (Ont.)
<u>Vice-President</u>				
Dr. G. Dubé (Québec)	Annual Election	Member of the CDA Board of Governors	1 year	1. Dr. L.S. Allen (Man.)
<u>Executive Council</u>				
Dr. B. Sigfistend (Alta.) 1989 (1) Dr. L. S. Allen (Man.) 1989(1) Dr. G. Dubé (Qué.)	Annual Election to fill expired terms	Member of the CDA	2 years	1. Dr. B. Sigfistend (Alta.) 2. Dr. F. Bourassa (Sask.) 3. Dr. B. Dolman (Qué.)
<u>Constitution and By-Laws</u>				
Dr. G. H. Pearce (Sask.) 1989 Dr. M.J. R. Leitch (B.C.) 1989 (2)	Annual Election	CDA Member with Stipulations	3 years	1. Dr. J. Silver (B.C.) 2. Dr.

NOMINATIONS - CDA ELECTIVE OFFICES - 1989

OFFICE/INCUMBENT

Council on Education

No incumbents

NOMINEES/AFFILIATIONS

TERM

ELIGIBILITY

COMMENT

1. Dr. G. Thompson (Alb.)(CDA)
2. Dr. J. Epstein (B.C.)(CDA Hosp. & Inst. Dent.)
3. Dr. H. Lyttle (Man.)(ACFD)
4. Dr. J. Eisner (N.S.)(ACFD)
5. Dr. M. Boyd (B.C.)(ACFD)
6. Ms. M. Forgay (N.S.)(ACFD/DENT. HYG.)
7. Ms. M. Syvies (Alta.)(ACFD/DENT. ASST.)
8. Dr. R. C. Baker (Man.)(NDEB)
9. Dr. D. Bonang (N.S.)(LICENSING AUTH.)
10. Dr. J. Main (Ont.)(RCDC)
11. (COUN. ON ACCRED.)

3 years
CDA Member with stipulations

Annual Election to fill expired terms

Council on Accreditation

No incumbents

3 years

CDA Member with stipulations

Annual Election to fill expired terms

1. Dr. A. Schwartz (Qué.)(CDA)
2. Dr. D.J. Murphy, (N.S.)(CDA HOSP. & INST. DENT.)
3. Dr. H. Dick (Alta.)(ACFD)
4. Dr. D. Robert (Qué.)(ACFD)
5. Dr. R. Brooke (Ont.)(ACFD/DEANS)
6. Ms. S. Sunell (B.C.)(ACFD/AUXIL.)
7. Dr. K. Bentley (Qué.)(NDEB)
8. Dr. P.A. Watson (Ont.)(NDEB)
9. Dr. J. G. Thompson (N.B.)(LICENSING AUTH.)
10. Dr. M. Lasko (Man.)(LICENSING AUTH.)
11. Dr. G. Maranda (Qué.)(RCDC)
12. Mrs. G. Smith (P.E.I.)(CDA)
13. Ms. M. Forgay (N.S.)(CDHA)
14. (COUNCIL ON ACCRED.)

NOMINATIONS - CDA ELECTIVE OFFICES - 1989

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES/AFFILIATIONS
Ethics				
Dr. R. N. Rocky (B.C.) 1989 (1) Dr. M. Lasko (Man.) 1989 (2)	Annual Election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. R. N. Rocky (B.C.) 2. Dr.
Information Services				
Dr. A. Maplethorp 1989 Dr. G. Lafreniere 1989 (2)	Annual election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. F. A. Maplethorp (B.C.) 2. Dr. Sam Sgro (Qué.)
Community and Institutional Dentistry				
No incumbents	Annual election to fill expired terms	CDA Member with stipulations	3 years	1. Dr. J. Santoro* (B.C.) (G.P.) Dr. T. L. Petty* (Alta.) (G.P.) Dr. M. Schwartz* (Qué.) (G.P.) Dr. A. K. Eigendy* (N.S.) (G.P.) Dr. E. Schroeter* (N.B.) (G.P.) Dr. W. Stegges* (Ont.) (G.P.) As above (G.P.) 2. Dr. J. Gryfe (Ont.) (O. & M. SURG.) 3. Dr. N. Farrell* (Ont.) (PUBLIC HEALTH) 4. Dr. M. Williamson* (B.C.) (PUBLIC HEALTH) Dr. R. F. Valentini* (Alta.) (PUBLIC HEALTH) 5. Dr. G. Smith* (Nfld.) (PEDIATRIC) Dr. M. Schwartz* (Qué.) (PEDIATRIC) 6. Mrs. C. Worobey (Ont.) (DENT. AUX.) (C.D.N. HOSP. ASSOC.) 7. Dr. R. W. Priddy* (B.C.) (OR. BIOL./PATHO.) 8. Dr. J. Hardie* (Ont.) (OR. BIOL./PATHO.) Dr. W. T. McGaw* (Alta.) (OR. BIOL./PATHO.)
567				

*Election Required

BIOGRAPHICAL INFORMATION - Chairman of the Board

NAME: Nicholas A. Mancini

ADDRESS: (office) 280 Barton Street East
Hamilton, Ontario L8L 2X3
Tel. (416) 529-0041

DATE AND PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL: Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem., Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

Memberships: Served on original Foundation Committee for the Hamilton
Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served (6 yrs.) Board of Governors of Hamilton Civic
Hospitals
Served (1 yr) Board of Directors of Social Planning and
Research Council
Past Chairman of Canadian Catholic School Trustees
Assoc. (C.C.S.T.A.)
Past Chairman of Ontario Separate School Trustees Assoc.
(C.S.S.T.A.)
Presently on Board of Directors of C.S.T.C.
Dominion Council of Health (3 yrs.)
Past Chairman of Hamilton-Wentworth Roman Catholic
Separate School Board
Presently School Trustee and Chairman of Education
Committee
Past President of Hamilton Academy of Dentistry
Member - Canadian Academy of Prosthodontists
Serving as Chairman of the Board - C.D.A.
Serving as Chairman of the Board - C.D.A.
Past Grand Knight - Knights of Columbus, Hamilton

AWARDS: Accorded Papal Honour (made a K.S.6) (Knighthood) Knight
of St. Gregory
Barnabus Day Award (C.D.A.)
CDA Honorary Membership

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Leslie Stephen Allen

ADDRESS: 606 Ellice Avenue
Winnipeg, Manitoba R3G 0A3

DATE AND PLACE OF BIRTH: August 30, 1942
Winnipeg

POSITION/PRACTICE: Private Practice

EDUCATION: Gorden Bell High School,
Winnipeg
University of Manitoba

DEGREES: B. Comm - 1965
DMD - 1969

EXPERIENCE: Private practice - 1969 to present
President, Winnipeg Dental Society 1981-82
President, Manitoba Dental Association
CDA Manitoba Board Member 1985 to present
Dental Association 1982-1986
Chairman, Sub-Committee, Third Party
CDA Alternative Delivery Systems 1986-87
CDA Executive Council 1987 to present

ORGANIZATIONS: Manitoba Dental Association
Canadian Dental Association
ALPHA OMEGA F.I.C.D.

OTHER: Part-time Instructor
University of Manitoba 1969-1979

AWARDS: Manitoba Dental Association - President's
Award of Merit - 1988

BIOGRAPHICAL INFORMATION - Executive Council

NAME: Bryun Sigfstead

ADDRESS: 304, 10454 - 82 Avenue
Edmonton, Alberta
T6E 4Z7

DATE AND PLACE OF
BIRTH: August 8th, 1944
Rose Valley, Saskatchewan

EDUCATION: University of Alberta - 1967 - D.D.S.
University of Alberta - 1973
- Cert. Orthodontics

PRACTICE: Private Practice - Orthodontics

EXPERIENCE: 1967 - 1968 - General Practice - Saskatoon
1968 - 1971 - General Practice - Edmonton
1968 - 1971 - Part-time Instructor,
University of Alberta
1973 - 1975 - Part-time Instructor,
University of Alberta
1973 - 1987 - Orthodontic Practice - Edmonton

ORGANIZATIONS: Edmonton & District Dental Society
President - 1977-78
Alberta Dental Association
President - 1984-85
Canadian Dental Association
Executive Council - 1987 to present

BIOGRAPHICAL INFORMATION - Executive Council

NAME: François M. Bourassa

ADDRESS: 332 University Park Drive,
Regina, Saskatchewan S4V 0Y8

DATE AND PLACE OF
BIRTH: September 18, 1929
LaFleche, Saskatchewan

PRACTICE: Assiniboia - 1962
Regina - 1963 - Present

EDUCATION: B.A., B.S.P. - University of Saskatchewan,
1957 D.D.S. - University of Montreal, 1962.

EXPERIENCE: - Past-President, Regina & District Dental
Society
- Past-President, College of Dental
Surgeons of Saskatchewan
- Current Member of the Board of Governors
of the Canadian Dental Association
- Currently member of the Senate of the
University of Saskatchewan.

ORGANIZATIONS: - College of Dental Surgeons of
Saskatchewan
- Canadian Dental Association
- Regina and District Dental Society

OTHER: - Regina Retriever Club
- Regina Fish and Game League
- Regina Gun Club

FAMILY: - Wife's name - Elaine
Family - one daughter and one son

HOBBIES AND
INTERESTS: - Dog Field Trials
- Hunting and Skiing
- Glider Flying
- Skeet Shooting
- Curling

BIOGRAPHICAL INFORMATION - Executive Council

NAME: Barry Howard Dolman

ADDRESS: 5885 Côte des neiges
Suite 304, Montreal, Quebec
H3S 2T2

DATE OF BIRTH: April 10, 1950

EDUCATION: B.Sc. McGill University - 1971
D.M.D. University of Montreal - 1975

PRACTICE: Private Practice - Montreal

EXPERIENCE: University of Montreal - Clinician and
lecturer, Department of Preventive and
Community Dentistry - 1976-1986

ORGANIZATIONS: Quebec Dental Surgeons Association
Administrator - Montreal Region 1985
Executive Board of Directors 1987
Mount Royal Dental Society
Quebec Dental Surgeons Association
Representative

FAMILY: Married Colette Schouela
Children, Jennifer (12), Jason (11),
Jordan (6), Julie (3)

BIOGRAPHICAL INFORMATION - Council on Education
(CDA Hosp. & Inst. Dent.)

NAME: Joel B. Epstein

ADDRESS: Vancouver General Hospital
855 West 12th Avenue
Vancouver, B.C. V5Z 1M9

DATE OF BIRTH: April 14, 1982

EDUCATION: D.M.D. University of Saskatchewan - 1976
M.S.D. University of Washington - 1979
Certificate in Oral Medicine, University
of Washington - 1979

PRACTICE: Private Practice (referral) Oral Medicine
Cancer Control Agency of British Columbia
Clinic Director of the Dept. of Dentistry,
Vancouver General Hospital
Head, Division of Oral Medicine and Clinical
Dentistry, Vancouver General Hospital
Clinical Assistant Professor, Faculty of
Dentistry, University of B.C.
Research Associate, Dept. of Oral Medicine,
University of Washington

EXPERIENCE: 1984 - present, Consultant to the Editor, CDAJ
Dec. 1983 - present, Chairman, Quality of Care
Committee, Dept. of Dentistry, Vancouver
General Hospital
July 1982 - present, Associate, Division of
Clinical Hematology, Vancouver General
Hospital, Oral Medicine Services
1982 - 1986, Consultant, Columbia Centre for
Pain and Stress Management, Vancouver, B.C.
1979 - 1981, Member, Pain Management Service,
University Hospital, University of Sask.

ORGANIZATIONS: Canadian Dental Association, College of Dental
Surgeons of B.C., Vancouver and District
Dental Society, American Academy of Oral
Radiology, American Academy of Oral Pathology,
Canadian Academy of Oral Pathology,
International Association of Dental Research,
American Academy of Oral Medicine,
Organization of Teachers of Oral Diagnosis

OTHER: International Association for the Study of
Pain, Western (USA) Pain Society, Sub-Committee
on ADA Programs (Org. of Teachers of Oral
Diagnosis), AIDS Committee, Vancouver Gen. Hosp.,
AIDS Committee, Cancer Control Agency of B.C.,
Special Care Committee, Children's Hospital,
Dept. of Dentistry, Special Committee on AIDS,
Shaughnessy Hospital

BIOGRAPHICAL INFORMATION - Council on Education (ACFD)

NAME: Helen Anne Lyttle (née Ryding)

ADDRESS: University of Manitoba, Faculty of Dentistry, Dept. of Rehabilitative Dental Science

DATE OF BIRTH: February 12, 1942

EDUCATION: Methodist College Belfast
B.D.S. (1964) Queen's University Belfast
M.Sc. (in progress) University of Man.

PRACTICE: Assistant Professor
University of Manitoba, Faculty of Dentistry, Dept. of Rehabilitative Dental Science

EXPERIENCE: Private Practice 1964-65
Intern 1965-66 - Dental School (Belfast)
Royal Victoria Hospital Belfast
Royal Belfast Hospital for Sick Children
1966-68 - Private Practice, Public Dental Health (Country Fermanagh)
Part-time appointment: Belfast Dental School
1969-1972 - Private Practice (Associate of Dr. Arthur Schwartz)
1973-75 - Public Dental Health (Winnipeg, Dr. L. Konyk)
1975-1980 - Private Practice (Associate of Dr. W. Wilford)
1976-1980 - Part-time appointment: Faculty of Dentistry, University of Man.
1980 - to present - Full-time appointment: Faculty of Dentistry, University of Manitoba

ORGANIZATIONS: Canadian Dental Association, Manitoba Dental Association, Association of Canadian Faculties of Dentistry, American Association of Dental Schools, Canadian Academy of Restorative Dentistry, Academy of Operative Dentistry, Canadian Association for Dental Research, International Association for Dental Research, Associated Ferrier Gold Foil Society, Belfast Dental Students Association: (Vice-President)

FAMILY: Married, 3 children born in 1966, 1969 and 1972

BIOGRAPHICAL INFORMATION

- Council on Education (ACFD)

NAME: John Eric Eisner

ADDRESS: Faculty of Dentistry
Dalhousie University
Halifax, Nova Scotia
B3H 3J5

DATE AND PLACE OF
BIRTH: March 29, 1946

EDUCATION: University of Calgary, College of
Arts and Sciences
Pre-Dentistry - 1963-1964

University of Alberta, School of
Dentistry - D.D.S. - 1964-1968

University of Michigan, Center for the
Study of Higher Education
Ph.D. in Education (1976)
- 1968-1971

EXPERIENCE: Associate Professor, Division of
Community Dentistry, Faculty of
Dentistry, Dalhousie University
- July '79 - present

Assistant Dean for Academic Affairs,
Faculty of Dentistry, Dalhousie
University, January 1979 - June 1985

Assoc. Professor of Community Dentistry,
New Jersey Dental School, College of
Medicine & Dentistry of New Jersey
July 1977-January 1979

Assist. Professor of Community Dentistry,
New Jersey Dental School, College of
Medicine & Dentistry of New Jersey
December 1971-July 1977

ORGANIZATIONS: American Association of Dental Schools
American Association of Dental Research
Canadian Association of Dental Research
Canadian Dental Association
Nova Scotia Dental Association
Halifax County Dental Society
Association of American Public Health
Dentists
Improving University Teaching
The Society for Teaching and Learning
in Higher Education

BIOGRAPHICAL INFORMATION

- Council on Education (ACFD)

NAME: Marcia A. Boyd

ADDRESS: Faculty of Dentistry, University of B.C.
350-2194 Health Sciences Mall
Vancouver, B.C. V6T 1W5

EDUCATION: Predental - University of Calgary
Dentistry - University of Alberta,
D.D.S., 1969
Graduate - University of B.C., M.A. 1974
Private Practice - 1969 to present

PRACTICE: Health and Welfare Canada, Eastern Arctic
Metropolitan Health, City of Vancouver
Associate Dean, Faculty of Dentistry, UBC

EXPERIENCE: Canadian Dental Association
Council on Education and Accreditation
Dental Admissions Test Committee
Documentation Committee of Council
Accreditation Survey Team, Chair and
Member
University of British Columbia, Faculty
of Dentistry
Faculty Committees
Associate Professor, Operative Dentistry
Associate Dean, Academic and Student
Affairs
Curriculum Committee, Chair
Association of Canadian Faculties of
Dentistry
Elected Delegate
Education Committee, Chair and Member
Executive Council, Member, Treasurer,
Vice-President, President-Elect,
President, Past-President
American Association of Dental Schools
Council of Deans, Member
Operative Dentistry Section, Secretary,
Chair-Elect
Special Committee on Women and
Minorities in Dental Education
Editorial Board, Journal of Dental
Education
Federation Dentaire Internationale
Commission on Dental Education and
Practice

ORGANIZATIONS: College of Dental Surgeons, B.C.,
International Association of Dental
Research/Canadian Association of Dental
Research, Vancouver and District Dental
Society, American Society of Dentistry
for Children

BIOGRAPHICAL INFORMATION

- Council on Accreditation (CDHA)

NAME: Margery G.E. Forgay

ADDRESS: School of Dental Hygiene
Dalhousie University
Halifax, Nova Scotia

EDUCATION: University of B.C. - M.A. - 1980
University of Manitoba - B.Ed. - 1976
University of Saskatchewan - B.A. - 1955
Eastman Dental, Rochester, N.Y.
Diploma, Dental Hygiene - 1952

PRACTICE: Director, School of Dental Hygiene
Dalhousie University

EXPERIENCE: 1985 - to present - Director, School of
Dental Hygiene, Dalhousie University
1984-1985 - Full-time teaching appointment,
School of Dental Hygiene, University of
Manitoba
1983-1984 - Sabbatical Leave
1982-1983 - Acting/Director, School of
Dental Hygiene, University of Manitoba
1977-1982 - Full-time teaching appointment,
School of Dental Hygiene, University of
Manitoba
1976-1977 - Administrative Leave
1973 - present - Professor, School of Dental
Hygiene, University of Manitoba
1965-1973 - Associate Professor, University
of Manitoba
1964-1976 - Director, School of Dental
Hygiene, University of Manitoba
1963-1964 - Acting Director and Assistant
Professor, School of Dental Hygiene,
University of Manitoba
1962-1963 - Consultant in Dental Hygiene,
University of Manitoba (part-time)
1955-1958 - Research Assistant, Dept. of
Biology, University of Saskatchewan
1952-1954 - Dental Hygienist, Saskatchewan,
Department of Health

ORGANIZATIONS: Manitoba Dental Hygienists' Association
Canadian Dental Hygienists' Association
Canadian Dental Association
Canadian Academy of Periodontology

BIOGRAPHICAL INFORMATION - Council on Education (ACFD/Dent.Asst.)

NAME: Maureen Lea Symmes

ADDRESS: #401, 10171 - 119 Street
Edmonton, Alberta
T5K 1Z1

EDUCATION: 1989 - Northern Alberta Institute of
Technology, Educators Expanded
Duties Courses
1983 - Alberta Dental Assistants
Association, Certification Intra-Oral
1980 - In-Service Instructor Training
Program, Northern Alberta Institute
of Technology
1978 - University of B.C.: Educators
Expanded Duties Courses
1977 - University of B.C.: Educators
Courses
1974 - Business Management Diploma,
B.C. Institute of Technology
1973 - Canadian Dental Assisting
Certification
1970 - Dental Assisting Certificate,
University of North Carolina
1964 - First Year Sciences, University
of B.C.
1963 - Matriculation Diploma, Grade 12,
Lester Pearson High School, New
Westminster, B.C.

EXPERIENCE: 1982 - present - Program Head of Dental
Assisting Program, Northern Alberta
Institute of Technology
1980 - present - Dental Assisting
Instructor, Northern Alberta, Institute
of Technology, Edmonton
1984-85 - Clinical Instructor, Dental
Hygiene Program, University of Alberta
1979-1980 - Dental Claims Supervisor/
Consultant, Sun Life Assurance, Vancouver

ORGANIZATIONS: Association of Canadian Faculties of
Dentistry, Canadian Dental Assistants'
Association, Alberta Dental Assistants'
Association, Edmonton Dental Assistants'
Association, Edmonton Dental Assistants'
Association, Certified Dental Assistants'
Society of B.C., Fraser Valley Certified
Dental Assistants' Society, American
Association of Dental Schools

BIOGRAPHICAL INFORMATION - Council on Education (N.D.E.B.)

NAME: Robert Clarke Baker

ADDRESS: Dept. of Preventive Dental Science
Faculty of Dentistry
University of Manitoba
Winnipeg, Manitoba

DATE OF BIRTH: September 2, 1940

DEGREES: D.M.D. (Hons.) 1963, University of Manitoba
Diploma in Orthodontics, 1967, U. of Toronto

POSITION/PRACTICE: Associate Professor

EXPERIENCE: University of Manitoba:
1963-65 Lecturer - Dept. of Restorative Dent.
1967-69 Lecturer-Asst.Prof., Dept. of Ortho.
1980-82 Asst. Prof., Preventive Dental Science
1982 to pres. - Associate Professor - Dept.
of Preventive Dental Science
1986-87 - Assoc.Prof. & Acting Head - Dept.
of Preventive Dental Science
1982 to pres. - Ortho. Consultant, Cleft
Palate Team, Children's Hospital, Winnipeg
1967 to pres.-Orthodontic Specialty Practice

ORGANIZATIONS: Canadian Dental Association
Canadian Association of Orthodontists-Past
member of Board of Director
Manitoba Dental Association: Past President,
Past Registrar, Past member of Board, Past
Chairman of Spec.Cttee., Past memb. of
Cont.Ed. & Economics Cttee
Manitoba Orthodontic Society
American Association of Orthodontists
Mid-Western Society of Orthodontists
Canadian Cranio-Facial Society
Medical Arts Building Board of Directors

PROF. HONOURS: C.V. Mosby Book Award (Undergrad-3rd yr)
Kelvin Dental Group Prize (Undergrad-4th yr)
Winnipeg Dental Supply Company Award
Mosby Book Award
Abra-Campbell Prize
Univ. of Manitoba Gold Medal
Election to Omicron Kappa Upsilon

Fellow of the Intern'l College of Dentists
Faculty of Dentistry Prof. of the Year 1987

BIOGRAPHICAL INFORMATION - Council on Education (Licensing Authority)

NAME: Donald Micheal Bonang

ADDRESS: 1584 Robie Street
Halifax, Nova Scotia B3H 3E6

DATE AND PLACE OF BIRTH: Halifax, Nova Scotia, September 27, 1938

EDUCATION: Saint Thomas Aquinas School
Saint Patrick's High School
Dalhousie University, Faculty of Dentistry 1962

PRACTICE: Private General Practice in Halifax since graduation (Half-time)

CURRENT ASSOCIATIONS: Registrar, Provincial Dental Board of Nova Scotia (Half-time)
Member, Canadian Dental Association
Member, Halifax County Dental Society
Member, Nova Scotia Dental Association
Member, Fédération Dentaire Internationale
Fellow, International College of Dentists
Member, Metro Merry Makers Dance Club
Member, Lite Fantastics Dance Club

PAST ASSOCIATIONS: Past Editor, N.S. Dental Association News 1962-1969
Past Member, Part-time Faculty, Dalhousie Dental School 1962-1968
Past Member, Part-time Faculty, Dalhousie Dental School 1982-1986
Past President, Halifax County Dental Society
Past President, Nova Scotia Dental Association
Past Member, Ad Hoc Committee on Children's Dental Program
Past Member, Dental Advisory Committee to Health Commission
Past Member, Canadian Martyr's Church Choir
Past Member, Parish Council, Canadian Martyr's Parish
Past Member, Rotary Club of Halifax

FAMILY: Wife - Patricia
Daughter - Mrs. Catherine Pinks
Sons - Dr. Jeffrey Bonang,
Mr. D. Micheal Bonang

HOBBIES AND INTERESTS: Dancing, Gardening, Cross Country Skiing, Furniture Upholstery and Carpentry

BIOGRAPHICAL INFORMATION - Council on Accreditation (CDA)

NAME: Arthur Schwartz

ADDRESS: Faculty of Dentistry, University of Manitoba
780 Bannatyne Avenue, Room D113
Winnipeg, Manitoba R3E 0W2

DATE OF BIRTH: June 22, 1923

EDUCATION: High School - Ashern, Manitoba
Pre Dental - United College and University
of Manitoba
Dentistry - University of Toronto, D.D.S. 1945

PRACTICE: Professor, Faculty of Dentistry, University
of Manitoba 1989 to present

EXPERIENCE: Royal Canadian Dental Corps 1944-1947
Private Practice - Kenora, Ontario 1947-1955
Director, Dental Services, Department of
Health, Province of Manitoba 1955-1958
Private Practice - Kenora, Ontario and
Winnipeg, Manitoba 1958-1971
Executive Director, Progressive Conservative
Party of Manitoba 1967-1969
Regional Dental Officer - Manitoba Region,
Health and Welfare, Medical Services Branch
1971-1973
Regional Director, Manitoba Region, Health
and Welfare Canada, Medical Services Branch
1973-1977
Regional Director, Ontario Region, Health and
Welfare Canada, Medical Services Branch
1977-1978
Dean, Faculty of Dentistry, University of
Manitoba 1978-1989

ORGANIZATIONS: Winnipeg Dental Society - Life Member
Manitoba Dental Association - Honorary
Life Member
Canadian Dental Association - Life Member
American Association of Dental Schools
Canadian Association of Dental Research
American Association of Dental Research
International College of Dentists
American College of Dentists
O.K.U. Honorary Dental Society
Fédération Dentaire Internationale
Pierre Fauchard Academy

BIOGRAPHICAL INFORMATION - Council on Accreditation
(CDA Hospital & Inst. Dentistry)

NAME: David J. Murphy

ADDRESS: 5943 Spring Garden Road
Halifax, Nova Scotia B3H 1Y4

DATE OF BIRTH: December 20, 1943

EDUCATION: St. Mary's University - B.A. 1966
Dalhousie University - D.D.S. 1970
New York University and Bellevue Hospital
Certificate in Oral Surgery 1973
Oral Surgery F.R.C.D.(C) 1978

PRACTICE: Private Practice in Halifax
Assistant Professor, Division of Periodontics
Dalhousie University, 1984 to Present

EXPERIENCE: Assistant Professor of Oral Surgery
Dalhousie University 1973 - 1982
Intern, Oral Surgery, Bellevue Hospital,
New York, New York, 1970
Resident, Oral Surgery, Bellevue Hospital,
New York, New York, 1971 - 1973
Courtesy Staff, I.W.K. Hospital for Children
Active Staff, Infirmary, Halifax, Nova Scotia
Consultant Staff, Dartmouth General Hospital,
Dartmouth, Nova Scotia
Consultant Staff, Camphill Hospital, Halifax,
Nova Scotia
Head, Dept. Oral & Maxillofacial Surgery,
Dartmouth General Hospital

ORGANIZATIONS: Canadian Dental Association, Nova Scotia
Dental Association, Halifax County Dental
Society, Royal College of Dentists of Canada,
Fédération Dentaire Internationale, CAOMS
Regional Councillor, Can. Ass. of Oral &
Maxillofacial Surgeons, 1977-1979
Convention Chairman, Can. Ass. of Oral &
Maxillofacial Surgeons, 1976
International Affairs, Can. Ass. of Oral &
Maxillofacial Surgeons, 1979
President, Tarriff Committee, Society of
Dental Specialists of Nova Scotia, 1980-1981
Chairman, Atlantic Society of OMS, 1980
Chairman, N.S. Society of Dental Specialists
Board of Governors SMN, 1982-1984

AWARDS: International Award, 3rd Yr Dentistry - 1969
Man of the Year Award, 4th Yr Dentistry - 1970

BIOGRAPHICAL INFORMATION - Council on Accreditation (ACFD)

NAME: Henry Marvin Dick

ADDRESS: Faculty of Dentistry, Univ. of Alberta

DATE AND PLACE OF BIRTH: June 1, 1931, Brooks, Alberta

EDUCATION: 1950 - Rosthern Junior College
1951-52 - 1st year B.Ed., U. of Alberta
1952-53 - 1st year Arts & Science, University of Alberta
1953-57 - D.D.S. Program, University of Alberta (Graduated June, 1957)

PRACTICE: 1957-59 - General Practice Dentistry in Edmonton and Drayton Valley, Alb. Admitting and practice privileges, Drayton Valley Hospital
1960-62 - General Practice Dentistry, Calgary, Alberta
1964-66 - General Practice Dentistry in Calgary, Alberta

EXPERIENCE: 1963 - Republic of Congo under the Congo Protestant Relief Organization
Responsibilities: General Practice Dentistry, Supervisor of Regional Dental Programme, Teaching English language to Congolese Nursing Students
Teaching Grade 9 Algebra and Science
1966-67 - Teaching and Research Fellow, Dept. of Oral Surgery, Univ. of Manitoba
1966-68 - M.Sc. Programme - Bacterial Immunology-Minor; Oral Pathology-Major
1967-68 - N.R.C. Research Fellow
M.Sc. Programme - Graduated June 30, '68, University of Manitoba
1968-74 - Professor, Faculty of Dentistry, University of Alberta
1976-83 - Appointed Chairman, Division of Oral Pathology
1977-79 - Acting Chairman, Department of Oral Biology
1983-84 - Acting Chairman, Department of Oral Biology
1985 - Completed F.R.C.D.(C) requirement
1980 - to present: Associate Dean, Faculty of Dentistry

FAMILY: Married, three daughters

BIOGRAPHICAL INFORMATION - Council on Accreditation (ACFD)

NAME: Denis Robert

ADDRESS: Université Laval
École de Médecine Dentaire
Laval, Québec G1K 7P4

DATE AND PLACE OF BIRTH: November 15, 1953, Nancy, France

EDUCATION: Diploma of college studies (DEC), CEGEP F-X-Garneau, 1972
Baccalaureate in Health Sciences (BScS) (Dentistry), Université Laval, 1975
Doctorate in Dental medicine (DMD), Université Laval, 1976
Certificate of advanced graduate study in operative dentistry, Boston Univ. 1981
Master of Science in dentistry in operative dentistry (MScD), Boston University, 1982

PRACTICE: Assistant professor (1985-), Operative Dentistry, École de médecine dentaire, Université Laval
Assistant Dean for Undergraduate Studies (1986-), École de médecine dentaire, Université Laval

EXPERIENCE: Lecturer (1976-82), Operative Dentistry and Oral Biology, École de médecine dentaire, Université Laval
Study leave, Boston University (1979-82)

ORGANIZATIONS: Internal Committees:
Curriculum Committee, member, (1981-86)
Research Committee, member, (1981-82), (1983-84)
Council of the School, member (1983-85)
External Committee:
CDA Accreditation Committee, member, DMD Program of the Faculté de médecine dentaire, Univ. de Montréal, Feb. 1985
ODQ Accreditation Committee, member, Residency program of the St-Mary's Hospital, Montreal, (February 1987)
CDA Accreditation Committee, member, Dental Hygiene program, CEGEP of Trois-Rivières, (February 1988)
Research Council, member, Fonds de Recherches Dentaire du Québec, (1988-)
CDA Accreditation Committee, member, DMD program of the Faculty of Dentistry, University of Western Ontario, London, (February 1989)

BIOGRAPHICAL INFORMATION - Council on Accreditation (ACFD/Deans)

NAME: Ralph I. Brooke

ADDRESS: University of Western Ontario
1151 Richmond Street
London, Ontario N6A 5C1

DATE OF BIRTH: April 25, 1934

EDUCATION: B.Ch.D., L.D.S. (University of Leeds, 1957)
M.R.C.S. (England), L.R.C.P. (London) - 1963
F.D.S. R.C.S. (England) - 1967
Certification in Oral Pathology (Ontario) 1974
F.R.C.D.(C) - 1976
N.D.E.B./R.C.D.(C) - Specialist in Oral
Pathology - 1976
F.I.C.D. - Elected Fellow of the
International College of Dentists - 1985

PRESENT

APPOINTMENTS: Vice-Provost, Health Sciences, The University
of Western Ontario, London, Ontario
Dean, Faculty of Dentistry, The University
of Western Ontario, London, Ontario
Professor, Department of Oral Medicine, The
University of Western Ontario
Chief, Department of Dentistry, University
Hospital, London, Ontario
Honorary Lecturer, Department of Pathology,
The University of Western Ontario
Honorary Lecturer, Department of Medicine,
The University of Western Ontario
Consultant, Department of Dentistry,
St. Joseph's Hospital, London, Ontario
Consultant, Department of Dentistry,
Victoria Hospital, London, Ontario
Consultant, Department of Medicine,
University Hospital, London, Ontario

ORGANIZATIONS: Association of Can. Faculties of Dentistry,
Canadian Academy of Oral Pathology, Canadian
Dental Association, Ontario Dental
Association, Pierre Fauchard Academy, London
& District Academy of Medicine, International
Association of Dental Research, Canadian
Association of Dental Research, British
Association of Oral Surgeons, American
Academy of Oral Pathology, International
Society of Oral Pathologists, Ontario Society
of Oral Pathology, British Association for
Oral Pathology, Canadian Academy of Oral
Medicine, International Society for the Study
of Pain, Royal College of Dentists of Canada

BIOGRAPHICAL INFORMATION - Council on Accreditation
(ACFD/Auxiliaries)

NAME: Susanne Luginbuhl Sunell

ADDRESS: 2758 Nelson Avenue
West Vancouver, B.C.

EDUCATION: 1972 - Bachelor of Arts, Queen's
University
1974 - Diploma, Dental Hygiene,
University of Toronto
1977 - Local Anesthesia, University
of British Columbia
1984 - Instructor's Diploma, University
of British Columbia
1984 - Orthodontic Module, University
of British Columbia

PRACTICE: 1974-77 - Dental Hygiene in General
Practice
1977-1981 - Dental Hygienist in
Periodontics Practice
1981-to present - Part-time Dental
Hygienist in Periodontics and General
Practice

EXPERIENCE: 1980-81 - Part-time allied health
instructor, Vancouver Community College
1981-86 - Full-time instructor in the
Certified Dental Assisting Program at
Vancouver Community College
1986-87 - Coordinator of Dental Hygiene
Program at VCC.
1987-to present - Department Head of
Dental Hygiene at VCC.

BIOGRAPHICAL INFORMATION - Council on Accreditation (N.D.E.B.)

NAME: Kenneth Chessar Bentley

ADDRESS: Montreal General Hospital
1650 Cedar Avenue, Montreal, Quebec
H3G 1A4

DATE AND PLACE OF BIRTH: September 22, 1935, Montreal

EDUCATION: Dental - D.D.S. - 1958 - McGill University
Medical - M.D., C.M. - 1962 - McGill University
Postgraduate - 1962-63 - Junior Rotating
Interne - Montreal General Hospital
1963-64 - Junior Assistant Resident (Surgery)
- Montreal General Hospital
1964-66 - Recipient of Canadian Fund for
Dental Education Fellowship
1964-65 - Resident (Oral Surgery) - Bellevue
Hospital, New York
1965-66 - Chief Resident (Oral Surgery)
- Bellevue Hospital, New York

EXPERIENCE: University Appointments:
1966-1975 - McGill University
1977-1987 - Dean, McGill University

Faculty Committees:
1966-1975

Association of Canadian Faculties of
Dentistry:
1970-1978

Various Hospital Appointments:
1966-1981
Montreal General Hospital
Reddy Memorial Hospital
Royal Victoria Hospital
St. Mary's Hospital

ORGANIZATIONS: Association of Oral Surgeons of Quebec
Bellevue Society of Oral Surgeons
Canadian Dental Association
Can. Assoc. of Oral and Maxillofacial Surgeons
International Assoc. for the Study of Pain
International Association of Oral Surgeons
Lafleur Report Society
Montreal Dental Club
Montreal Medico-Chirurgical Society
National Dental Examining Board of Canada
Order of Dentists of Quebec

BIOGRAPHICAL INFORMATION - Council on Accreditation
(N.D.E.B.)

NAME: Philip A. Watson

ADDRESS: Faculty of Dentistry
University of Toronto
124 Edward Street
Toronto, Ontario M5G 1G6

DATE OF BIRTH: May 18, 1943

EDUCATION: University of Toronto, 1967 - D.D.S.
Indiana University, 1970 - M.Sc.D.

PRACTICE: Professor, Department of Biomaterials,
University of Toronto
Consultant in Prosthodontics at the University
Hospital and St. Michael's Hospital, Toronto
Private Practice: One day per week outside
the University

TEACHING
EXPERIENCE: Post Graduate Prosthodontics
Undergraduate Prosthodontics and Operative
Dentistry Graduate and Undergraduate
Biomaterials

ORGANIZATIONS: Canadian Dental Association
Ontario Dental Association
Association of Prosthodontists of Ontario
Canadian Academy of Restorative Dentistry
Association of Prosthodontists of Canada

AWARDS: Teaching Award: Recipient of the University
of Toronto Student's Administrative Council
Award for Excellence in Teaching in 1987-88.
First time awarded to Dentistry.

BIOGRAPHICAL INFORMATION - Council on Accreditation (Licensing Authorities)

NAME: Dr. John G. Thompson

ADDRESS: 79 Neck Road, Rothesay, New Brunswick, E2G 1K4

DATE AND PLACE OF BIRTH: December 29, 1938, New Glasgow, Nova Scotia

POSITION/PRACTISE: Private Practice
Rothesay, New Brunswick, May, 1969 - April, 1978
Quispamsis, New Brunswick, May, 1978 - to present

Dentistry on Handicapped Children
- Dr. William F. Roberts, Teaching Hospital, West
Saint John, Comprehensive treatment under local
and general anesthetic Sept. 1974 to present

EDUCATION: Graduate Colchester County Academy, Truro, Nova Scotia,
1956
Undergraduate: Mount Allison University, Sackville, New
Brunswick, 1956 - 1960

DEGREES: D.D.S. Dalhousie University, 1965

EXPERIENCE: Military: Served Royal Canadian Dental Corps, 1965 -
1968 with 6 months posting in Cyprus.

ORGANIZATIONS: President, Saint John Dental Society - 1973
Saint John Representative on the New Brunswick Dental
Society - 1969 - 1971
1974 - 1978
Legal Committee, New Brunswick Dental Society
- 1969 - 1971
Caribbean Program - volunteer in St. Lucia, 6 weeks, '75
Continuing Education Chairman, New Brunswick Dental
Society - 1975 - 1976
Member of Committee on Auxiliaries, 1976 - 1977
Executive Director Registrar, New Brunswick Dental
Society, 1978 to present
CDA Conference on Priorities, 1981
CDA Ad Hoc Committee on Licensing Authorities, 1982
Chairman, Secretary's Conference - January, 1982
President, District 19 Strings, parents group, 1982
to present
Director, Nova Scotia String Music Camp, 1984

OTHER: Married to Lois Helen (Cannell) of Halifax
3 sons: Matthew 17, Daniel 14, Timothy 10
Coach - mini basketball, 1978 - 1981
Hobbies - Stained Glass, hiking, singing

AWARDS:

BIOGRAPHICAL INFORMATION - Council on Accreditation
(Licensing Authorities)

NAME: Michael Anthony Lasko

ADDRESS: 573 Mountain Avenue
Winnipeg, Manitoba
R2W 1K8

DATE AND PLACE OF
BIRTH: May 6, 1944, Toronto, Ontario

EDUCATION: Gordon Bell High School 1961
University of Manitoba 1963 (Faculty of
Science)
D.M.D. University of Manitoba 1967

PRACTICE: Private Practice - Winnipeg, 1967 to present
Registrar, Manitoba Dental Association
1982 to present

EXPERIENCE: Peer Review/Mediation Committee, Manitoba
Dental Association 1977-1980
Social Allowance Review Committee 1980-1983
Part-time clinical demonstrator University
of Manitoba, Faculty of Dentistry in
Restorative dentistry 1979-1981

ORGANIZATIONS: Manitoba Dental Association
Canadian Dental Association
Winnipeg Dental Society
Xi Psi Phi Fraternity
Alumni Association, University of Manitoba

BIOGRAPHICAL INFORMATION - Council on Accreditation (RCDC)

NAME: Guy Maranda

ADDRESS: 822 Bellevue
Ste-Foy, Québec
G1V 2R5

DATE AND PLACE OF BIRTH: Paris, France
September 5, 1936

EDUCATION: B.A. University of Ottawa
D.D.S. University of Montreal
University of Pennsylvania - Graduate Studies
Residency Oral & Maxillofacial - Geisinger
Medical Centre, Danville, Penn. USA

PRACTICE: Private Practice since 1965

EXPERIENCE: Oral Surgery - Half-time
Teaching Ecole Medecine Dentaire - Université
Laval - Half-time

ORGANIZATIONS: Past President - CAOMFS
- QAOMFS
- Société dentaire de Québec

OTHER: Consultant at Régie d'assurance automobile du
Québec
Consultant at Commission Santé Sécurité du
Travail

FAMILY: Married to Monique Giguère
3 children: 2 daughters & 1 son

BIOGRAPHICAL INFORMATION - Council on Accreditation (C.D.A.A.)

NAME: Mrs. Gaylene Smith

ADDRESS: Site 6, Box 9
Cornwall R.R. # 4
Prince Edward Island
C0A 1H0

DATE AND PLACE OF BIRTH: September 21, 1952
Tyne Valley, Prince Edward Island

EDUCATION: Athena Regional High School
Summerside, Prince Edward Island

1971-1972 - Holland College
Dental Assisting Program

1979 - Holland College Instructor's
Training for a P.E.I. Vocational
Teacher's License.

EXPERIENCE: 1976 to present - Program Manager - Dental
Assisting Program
Holland College - Charlottetown

Served on numerous accreditation surveys.

ORGANIZATIONS: Kinkora & Area Boy Scouts
Kinkora Community School
Newton Community Co-Operative
Kinkora Home and School
P.E.I. Dental Assistants Association
Canadian Dental Assistants Association

OTHER: Various charitable organizations as
canvasser.

FAMILY: ONE SON (11) AND 2 DAUGHTERS (8 YEARS AND
16 months).

HOBBIES: Tole Painting

INTERESTS: Reading, Dancing and Music

BIOGRAPHICAL INFORMATION - Council on Accreditation (C.D.H.A.)

NAME: Margery G.E. Forgay

ADDRESS: (home) 6369 Coburg Place #1008
Halifax, N.S.

(office) School of Dental Hygiene
Dalhousie University
Halifax, N.S.

ACADEMIC
APPOINTMENTS: 1985 - Director, School of Dental Hygiene,
Dalhousie University
1976-85 Professor, School of Dental Hygiene,
University of Manitoba
1964-76 Director, School of Dental Hygiene,
University of Manitoba
1963-64 Acting/Director, School of Dental Hygiene,
University of Manitoba
1962-63 Consultant in Dental Hygiene Education,
University of Manitoba
1952-54 Dental Hygienist, Dept of Public Health,
Province of Saskatchewan

PROFESSIONAL
EXPERIENCE: 1952-54 Dental Hygienist, Saskatchewan
Dept. of Health
1954-58 Dental Hygienist, private practice,
(part-time)
1970-80 Dental Hygienist, private practice,
(part-time)

PROVINCIAL LICENSES:
Manitoba, Saskatchewan, Nova Scotia

ORGANIZATIONS: MDHA, CDHA, CPEA, AADS, IADR

POSITIONS/OFFICES: Chair, Federal Government Working Group on the Practice
of Dental Hygiene
Member, Advisory Committee on Development of Clinical
Practice Standards for Dental Hygienists
Chair, CDHA Committee on Quality Assurance 1986 -
Chair, CDHA Committee on Continuing Education, 1979-81
Member of editorial board for 2 refereed journals

PUBLICATIONS IN
PAST 5 YEARS: "Quality and Competence Assurance", E.G. Brownstone
and M.G.E. Forgay, PROBE, Vol. 21(1), March 1987
"Root Surface Caries: Implications for Dental Hygienists",
T.L. Mitchell and G.E. Forgay, PROBE, Vol. 21(1), March
1987
"Working Group on the Practice of Dental Hygiene",
Proceedings XI International Symposium on Dental
Hygiene, Oslo 1986.
"Assessing Manpower Demand and Desired Skills for
Degree Graduates in Dental Hygiene", (monograph), S.J.
Feller and M.G.E. Forgay, University of Manitoba, June
1983.

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Brian N. Rocky

ADDRESS: 1125 West 8th Avenue
Vancouver, British Columbia
V6H 3N4

EDUCATION: Graduate of the University of B.C.
- B.Sc. 1970
Graduate of the University of B.C.
- D.M.D. 1973

PRACTICE: 1973 - present - Private Practice in Richmond,
British Columbia

EXPERIENCE: 1976 - present - Faculty Member (part-time) at
University of B.C.
1984 - present - Deputy-Registrar, of the
College of Dental Surgeons of B.C.
Member of numerous college committees over the
years
1982-1983 - President, Dental Alumni
Association of the University of B.C.

ORGANIZATIONS: College of Dental Surgeons of B.C.
Canadian Dental Association

BIOGRAPHICAL INFORMATION - Information Services

NAME: Frances Amanda Maplethorp

ADDRESS: 375 - 1425 Marine Drive
West Vancouver, B.C. V7T 1B9

EDUCATION: Port Moody Secondary - 1966-1969
Centennial High School - 1969-1970
United World College of the Atlantic
A Levels - Biology, Chemistry, Maths 1970-72
University of British Columbia - 1972-1974
Honour Biochemistry, Bachelor of Science 1975
University of B.C. School of Dentistry 1974-78
D.M.D. - 1978
University of Oregon Health Sciences 1979-81
Graduate School of Orthodontics

PRACTICE: Private practice (principal) Maple Ridge,
B.C. 1988 - present

EXPERIENCE: Private practice general dentistry
Qualicum Beach, B.C. 1978-79
Private practice (associate) orthodontics
Vancouver, B.C. 1981-88

ORGANIZATIONS: Vancouver and District Dental Society
Chairman - Dental Public Health Cttee - 1987
College of Dental Surgeons of B.C. - Chairman
- Dental Public Health Cttee - 1985-88
College of Dental Surgeons of B.C.
Member - Public Relations Cttee 1987 - present
Orthodontic Study Club of 1981 - Sec-Treasurer
- 1982-1986
University of B.C. Dept. of Orthodontics
Part time clinical instructor 2nd and 4th year
- 1983-1986
Vancouver and District Dental Society 1982-87
Fraser Valley Dental Society 1982 - present
B.C. Society of Orthodontics 1981 - present
Orthodontic Study Club of 1981 - 1981-
present
Canadian Association of Orthodontics 1981 -
present

HOBBIES AND
INTERESTS: Bridge (master level ACBL), hiking, and back
packing, photography and tennis

BIOGRAPHICAL INFORMATION - Information Services

NAME: Salvatore (Sam) Sgro

ADDRESS: 2001 Victoria, Suite 102
St. Lambert, Québec
J4S 1H1

DATE AND PLACE OF BIRTH: April 28, 1958, Montreal

PRACTICE: 1987 to present
Private practice in St. Lambert and part-time associate staff member at Royal Victoria Hospital Dental Department

EDUCATION: B.Sc. Physiology - McGill University 1980
M.Sc. Physiology - McGill University 1984
D.D.S. McGill University 1986

EXPERIENCE: 1984 - Class representative - Canadian Dental Association
1984-86 - Elected student governor to represent dental students on the CDA Board of Governors
1985 - Student observer on National Dental Examining Board meetings
1986-87 - Complete multidisciplinary residency program at the Royal Victoria Hospital, Montreal

ORGANIZATIONS: 1987 to present - Member of the CDA Membership Committee
1987 to present - Member of the Comité des Communications de l'Ordre des Dentistes du Québec
Canadian Dental Association
Academy of General Dentistry
Montreal Dental Club

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: John J. Santoro

ADDRESS: Suite 111 - 3195 Granville Street
Vancouver, B.C. V6H 3K2

DATE AND PLACE OF BIRTH: May 29, 1945
Washington, D.C.

EDUCATION: B.S. 1968 - University of Maryland
D.D.S. 1977 - Howard University, Washington
Residency 1977-78, Vancouver General Hospital
- Surgical Program

PRACTICE: 1978 (11 years) at present address;
General dental practice with some teaching
and hospital work

EXPERIENCE: Teaching: Dental hygiene program at Vancouver
Vocational Institute
Shaughnessy Hospital - Active staff
(since 1978)
Children's Hospital - Active staff
(since 1978)

ORGANIZATIONS: Vancouver & District Dental Society:
Executive: 1983-1989
Chairman of Mid-Winter Clinic - 1982
Chairman of Institutional Dental Committee
- 1985-1987
President of the Society - 1987-88
College of Dental Surgeons of B.C.:
Hospital Dentistry Committee: 1986-1989
Oral Care Committee: 1985-1989
Arbitration Committee: 1987-1989
Rules & Regulation Committee: 1989

FAMILY: Married 14 years with three children
ages 7,9 and 11

HOBBIES AND INTERESTS: Long Distance Running, Racquetball, Travel

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: Trey Lawrence Petty

ADDRESS: 4823 Benson Road, N.W.
Calgary, Alberta T2L 1R9

EDUCATION: B.A. University of B.C. - 1978
B.Sc. University of Alberta - 1982
D.D.S. University of Alberta - 1984

PRACTICE: Clinical Director - Dept. Oral Medicine
and Surgery, Alberta Children's Hospital
Director, Department of Oral Medicine,
Foothills Hospital
Director, Dept. of Oral Medicine,
Tom Baker Cancer Centre, Alberta Cancer Board

EXPERIENCE: Dental Officer and Head, 1986 - 1988
Dept. of Dentistry
Michener Center Residential and Training
Facility for the Mentally Handicapped,
Red Deer, Alberta
Chairman, Committee on Infection Control
(Ad Hoc) Alberta Dental Association
ADA Representative, Alberta Task Force on AIDS
Member, Board of Directors, Calgary and
District Dental Society
President, AIDS Awareness Association
Visiting Lecturer, Columbia University, N.Y.
Part-time lecturer, Faculty of Medicine,
University of Calgary

ORGANIZATIONS: Calgary and District Dental Society, Alberta
Dental Association, Canadian Dental
Association, American Dental Association,
Academy of Dentistry for the Handicapped,
American Association of Hospital Dentists,
American Society for Geriatric Dentistry,
American Academy of Oral Medicine, Academy of
General Dentistry, Mensa Canada

AWARDS: The Edmonton and District Dental Society Prize
in Periodontics
C.V. Mosby Book Award
Board of Governors Prize in Dentistry
Louise McKinney Post-Secondary Scholarship
(Heritage Scholarship Fund)
Alberta Heritage Foundation for Medical
Research Summer Studentship
ADA/FNDH Outstanding Student Award
CFDE Scholarship

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: Melvin Schwartz

ADDRESS: Sir Mortimer B. Davis-Jewish General Hospital
Dental Department
3755 Cote St. Catherine Road
Montréal, Québec H3T 1E2

DATE AND PLACE OF BIRTH: July 1st 1952
Montréal, Québec

FAMILY: Married to Shirley Blaishman - May 30, 1976
Four children: Esther, Sarah, Joseph & Leah

EDUCATION: 1969-71 D.E.O. - Dawson College
1971-77 B.Sc., D.D.S. - McGill University
1977-78 Residency I - St. Mary's Hospital
1978-79 Chief Res. - St. Mary's Hospital
1978 Cert. in forensic dentistry, Armed Force
Institute of Pathology, Washington

POSITION/PRACTICE: Asst. Professor, F. of Dent., McGill Univ.
Lecturer, Dept. of Dent.Hyg.-John Abbott College

EXPERIENCE: Sir Mortimer B. Davis-Jewish Gen. Hosp.:
Assoc. Director - Dental Dept.
Director of Undergraduate Training
Section Head, Div. of Operative Dentistry
Member, Med. & Dent. Educ. Cttee.
Member, Medical Records Cttee.
Consultant - St. Mary's Hospital
Aff. memb. Council of Physicians & Dentists
Montreal Children's Hospital
Aff. staff - Montreal General Hospital
Member, Counc. Physicians & Dentists - Father Dow
Memorial Home

ORGANIZATIONS: Member, Cttee. of Examiners, O.D.Q.
Examiner, Accred. Hosp. Dent. Servs., O.D.Q.
Member - Canadian Dental Association
Member - Quebec Dental Surgeons Association
Exec.memb.-Mount Royal Alpha Omega Dental Society
President, Organization for Rehabilitation through
Training - ORT Canada
Combined Jewish Appeal, Dental Division

HONOURS: Award - C.D.A.A. 1983

PUBLICATIONS: Schwartz M., Desormeau L., Hirschfeld J
Necrotizing Sialometaplasia, Quebec Dental
Journal, Vol. XVI, 1979, pgs. 11-13

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: Ahmed Kadry Elgeneidy

ADDRESS: Department of Oral Diagnosis/Oral Surgery
Faculty of Dentistry, Dalhousie University
Halifax, Nova Scotia B3H 3J5

DATE OF BIRTH: November 8, 1939

EDUCATION: B.D.S. Alexandria University Dental School
Alexandria, Egypt June 1961
D.O.S. Alexandria University Dental School
March 1964
F.D.S.R.C.S. Royal College of Surgeons of
England 1965
M.Sc.D. Boston University 1974
D.D.S. Dalhousie University, Faculty of
Dentistry 1978

PRACTICE: Private Practice - June 1978 - present
Academic Appointments:
Associate Professor with Tenure, Division
of Oral Diagnosis - September 1987 - present

EXPERIENCE: Vice-President, Halifax County Dental Society
1988
Member, Committee on Health Care, CDA,
March 1988 - present
Member, NSDA Management Committee 1986-87
President, Canadian Academy of Oral Pathology
1981-1983
Chairman, Professional and Public Relations
Committee, Can. Academy of Oral Pathology, 1980-81
Co-authored 17 publications between 1970-1981

ORGANIZATIONS: Canadian Dental Association, Nova Scotia
Dental Association, Halifax County Dental
Society, Egyptian Dental Association, Canadian
Academy of Oral Pathology, American Academy of
Oral Pathology, American Academy of Oral
Medicine, Royal College of Surgeons of
England, Canadian Association of Dental
Research, International Association of Dental
Research

OTHER: Presentation of 8 papers to various
professional organizations 1985-1988
Continuing education presentations 1977-1978

FAMILY: Married to Ginny ElGeneidy
Children: 2 sons, Sami and Adam, aged 9 & 11

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: Eckart Gerhard Schroeter

ADDRESS: P.O. Box 568
Rothsay, New Brunswick
E0G 2W0

DATE AND PLACE OF BIRTH: September 14, 1943
Elbing, Germany

EDUCATION: Musquodoboit Rural High
D.D.S. Dalhousie University - 1968

PRACTICE: Private Practice (Rothsay)
- 1977 to present

EXPERIENCE: Canadian Forces Dental Services
- 1968-1973
Dependant's Dental Clinic Lahr
- 1973-1976
New Brunswick Department of Health
- 1976-1977

ORGANIZATIONS: Saint John Dental Society (Past President)
New Brunswick Dental Society
(Board Member 1979-1989, President 1987-1988)
Fundy Dental Study Group
Canadian Dental Association

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(General Practitioner)

NAME: Wayne Steggles

ADDRESS: 34 James Street
Smith Falls, Ontario
K7A 3R3

EDUCATION: D.D.S. 1972

PRACTICE: Private practice in Smith Falls since 1972

EXPERIENCE: Ontario Dental Association:
Chairman & Member, Health Care Committee
Member, Professional Development Committee
Elected Member on ODA Executive

Served all offices in Rideau
District Dental Society

Canadian Dental Association:
Member of Board of Governors for several terms
since graduation

FAMILY: Married, with one child

HOBBIES AND
INTERESTS: Several community activities in Smith Falls,
church, sports, community promotion etc.

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Oral & Maxillofacial Surgeon)

NAME: John (Jack) Howard Gryfe

ADDRESS: 209-1920 Weston Road, Weston, Ontario M9N 1W4

DATE AND PLACE OF BIRTH: November 30, 1941
Toronto, Ontario

EDUCATION: Northview Heights Collegiate: Honour
Graduation Diploma - 1959
University of Toronto: Faculty of Dentistry,
D.D.S. 1964
McGill University Teaching Hospitals:
Rotating Dental Internship, 1964-65
U. of Penn., Sch. of Graduate Medicine 1965-66
University of Toronto (Doctors Hospital)
Residency in O. & M. Surgery, 1966-68
Certification in O. & M. Surgery, 1968
Fellowship in O. & M. Surgery, 1971

PRACTICE: Private practice, Weston, Ontario
Senior Active Staff, Dept. of Surgery: Humber
Memorial and York Finch General Hospitals
Oral & Maxillofacial Surgeon, Metropolitan
Toronto West Detention Centre

EXPERIENCE: Teaching: Associate, Dept. of Pathology, Fac.
of Dentistry - U. of T. (General Pathology:
1968-72) (Oral Pathology: 1969-84)
1975-present: Lecturer, Cont. Ed. Program,
Royal College of Dental Surgeons (Ontario)

ORGANIZATIONS: West Toronto Dental Society: 1968 to present
President 1977-78, Governor ODA 1983-1987,
Advisor Emeritus 1987 to present
Ontario Dental Association: 1968 to present
Aux. Serv. Cttee 1981-83; Hosp. Serv. Cttee
1981-83; ODA rep. to CDA Hosp. Cttee 1981-83;
Political Columnist ODA 1987-88; Contributing
Editor 1987-88; Editorial Board-Ont. Dentist
Jrl. 1987-88; ODA Service Award 1989
Canadian Dental Association: 1968 to present
Hosp. & Inst. Servs. 1981-87, Chmn. 83-87;
Govt. Relations Cttee Chairman 1987 to present
Educ. & Accred. Surveyor - 1985 to present
Spec. Rep. To CCHA 1986; CDA Governor 1989 -
Can. Assoc. of O. & M. Surgeons: Pres. 1980-
81; Alpha Omega Fraternity

OTHER: Author - numerous professional papers
Professional and recreational book reviews
Media commentator on behalf of dentistry

FAMILY: Married to Ellen Shuster:
Three Children: Robert, Steven, Andrew

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Public Health position)

NAME: Neil A. Farrell

ADDRESS: Middlesex-London District
Health Unit, 50 King Street
London, Ontario N6A 5L7

EDUCATION: D.D.S. - University of Toronto - 1968
D.D.P.H. - University of Toronto - 1976

PRACTICE: 1968 - 1975
Clinical Dentist - Private Practice and
Salaried Position(s) - Ottawa

EXPERIENCE: 1976 to Present:
Dental Director - Middlesex London Health
Unit (staff of 27)
Responsible for directing 4 dental treatment
clinics employing 5 dentists.
Direct preventive dental programs in
elementary schools and Homes for the Aged
and Nursing Homes.
Part-time appointments Dental Faculty at
the University of Western Ontario and
Fanshawe College - Dental Auxiliary Program.

ORGANIZATIONS: Secretary-Treasurer, Canadian Society of
Public Health Dentists

Past-President of Ontario Society of Public
Health Dentists (twice)

Served on Dental Specialties Committee - CDA

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Public Health)

NAME: Malcom Fyfe Williamson

ADDRESS: 1515 Blanshard Street, 7th Floor
Victoria, B.C. V8W 3C8

DATE AND PLACE OF
BIRTH: March 5, 1943
Northern Ireland

EDUCATION: B.D.S. London University - 1965
D.D.S. equivalency B.C. College of Dental
Surgeons Board Exam - 1971
D.D.P.H. University of Toronto - 1973

PRACTICE: Senior Dental Health Consultant, Ministry
of Health, Province of B.C.

EXPERIENCE: Director, Dental Services, Vancouver 1984-88
Faculty of Dentistry, University of B.C.
1970-1984
(Associate Professor, Dept. of Preventive
and Community Dentistry)
Private Practice (part-time) 1968-1988
Director of Continuing Dental Education,
Assistant Dean 1979-1984
Co-authored 10 published works 1974-1980

ORGANIZATIONS: British Dental Association
Chairman, Ad Hoc Cttee on Continuing Education
CDA 1978-1981
Chairman, Standing Cttee on Continuing
Education, CDA 1981-1984
Can. Society of Public Health Dentists 1979
College of Dental Surgeons of B.C.
Member, Education Cttee 1971-74
Member, Committee on Mandatory Continuing
Education 1976-1977 - 1981-1986
Member, Health Hazards Committee 1980
Member, Manpower Committee 1981-1983

AWARDS: Canadian Award of Distinction for Services
to Continuing Dental Education
Fellowship, Academy of Dentistry International

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Public Health)

NAME: Richetto Francesco Valentini

ADDRESS: 1935 - 10th Street S.W.
Calgary, Alberta T2T 3G2

DATE AND PLACE OF BIRTH: March 11, 1935
Copper Cliff, Ontario

EDUCATION: Copper Cliff High School
St. Michael's College School, Toronto
University of Windsor
University of Toronto - Faculty of Dentistry
- School of Hygiene
B.Sc. University of Windsor - 1958
D.D.S. University of Toronto - 1962
D.D.P.H. University of Toronto - 1967

PRACTICE: Public Health Dentistry: Director of
Dental Services for Mount View, Foothills,
and Banff Health Units

EXPERIENCE: Dental Extern: Kootenay Region, B.C. 1962-63
Acting Dental Director, City of Calgary
- 1963-64
Dental Officer, Oslo Kommune Tannpleien,
Oslo, Norway - 1964-65; Mount View Health Unit
- 1965-71; Mount View Health Unit and
Foothills Health Unit - 1971 - Dental
Consultant: Baker Memorial Sanitorium,
Calgary, Alberta - 1968-76; Baker Centre for
the Handicapped, Calgary, Alberta - 1976-88

ORGANIZATIONS: Canadian Dental Association, Alberta Dental
Association, Canadian Society of Public
Health Dentists, Alberta Society of Public
Health Dentists, F.R.C.D.(C), Alberta Public
Health Association, Canadian Public Health
Association

OTHER: President - Alberta Society of Public Health
Dentists
Chairman - Committee on Preventive & Community
Dentistry, Alberta Dental Association
Member - Task Group on Public Dental Health
Services in Alberta
Examiner - Second Alberta Dental Health Survey
(1985)

AWARDS: CDA Certificate of Merit - 1981
ADA Recognition of Dedicated Service to the
Public and the Profession - 1987

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Pediatric position)

NAME: Geoff Smith

ADDRESS: Janeway Child Health Centre
Newfoundland Drive
St. John's, Newfoundland A1A 1R8

EDUCATION: 1969 to 1973 - Memorial University of
Newfoundland - BSc
1973 to 1977 - McGill University School
of Dentistry - DDS

PRACTICE: July 1986 to present - Full-time active
dental staff/private practice, Janeway
Child Health Centre, St. John's, Nfld.

EXPERIENCE: 1977 to June 1984 - Private practice
of dentistry, Mount Pearl, Newfoundland

1978 to June 1986 - Part-time active dental
staff, Janeway Child Health Centre

July 1984 to June 1986 - Residency in
Pediatric Dentistry, Rainbow Babies and
Children's Hospital, Cleveland, Ohio

November 1988 - Saul Kamen Seminar
- Dentistry for the Developmentally
Handicapped, Long Island Jewish Hospital,
New York

July 1986 to present - Staff dentist at
Exon House - an institution for mentally
retarded individuals and at the Children's
Rehabilitation Centre.

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Pediatric)

NAME: Melvin Schwartz

ADDRESS: Sir Mortimer B. Davis-Jewish General Hospital
Dental Department
3755 Cote St. Catherine Road
Montréal, Québec H3T 1E2

DATE AND PLACE OF BIRTH: July 1st 1952
Montréal, Québec

FAMILY: Married to Shirley Blaishman - May 30, 1976
Four children: Esther, Sarah, Joseph & Leah

EDUCATION: 1969-71 D.E.O. - Dawson College
1971-77 B.Sc., D.D.S. - McGill University
1977-78 Residency I - St. Mary's Hospital
1978-79 Chief Res. - St. Mary's Hospital
1978 Cert. in forensic dentistry, Armed Force
Institute of Pathology, Washington

POSITION/PRACTICE: Asst. Professor, F. of Dent., McGill Univ.
Lecturer, Dept. of Dent.Hyg.-John Abbott College

EXPERIENCE: Sir Mortimer B. Davis-Jewish Gen. Hosp.:
Assoc. Director - Dental Dept.
Director of Undergraduate Training
Section Head, Div. of Operative Dentistry
Member, Med. & Dent. Educ. Cttee.
Member, Medical Records Cttee.
Consultant - St. Mary's Hospital
Aff. memb. Council of Physicians & Dentists
Montreal Children's Hospital
Aff. staff - Montreal General Hospital
Member, Counc. Physicians & Dentists - Father Dow
Memorial Home

ORGANIZATIONS: Member, Cttee. of Examiners, O.D.Q.
Examiner, Accred. Hosp. Dent. Servs., O.D.Q.
Member - Canadian Dental Association
Member - Quebec Dental Surgeons Association
Exec.memb.-Mount Royal Alpha Omega Dental Society
President, Organization for Rehabilitation throug
Training - ORT Canada
Combined Jewish Appeal, Dental Division

HONOURS: Award - C.D.A.A. 1983

PUBLICATIONS: Schwartz M., Desormeau L., Hirschfeld J
Necrotizing Sialometaplasia, Quebec Denta
Journal, Vol. XVI, 1979, pgs. 11-13

BIOGRAPHICAL INFORMATION - Community and Institutional Dentistry
(Dent. Auxil.)

NAME: Carol L. Worobey

ADDRESS: 2 Tower Road
Nepean, Ontario
K2G 2E3

PLACE OF BIRTH: Saskatchewan

EDUCATION: Dental Hygiene - University of Manitoba

PRACTICE: Executive Director - 5 years 1983 - present
Canadian Dental Hygienists' Association

EXPERIENCE: In private practice, majority of practice in
Manitoba was public health and experience
and Department of In-Service nursing, Health
Science Centre, Winnipeg

ORGANIZATIONS: Canadian Dental Hygienists' Association

FAMILY: Married, one child

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Oral & Biol./Patho.)

NAME: John Hardie

ADDRESS: 1053 Carling Avenue, Ottawa, Ontario
K1Y 4E9

DATE AND PLACE OF
BIRTH: June 28, 1941
Kilwinning, Ayrshire, Scotland

EDUCATION: B.D.S. Glasgow University
M.Sc. University of Western Ontario
F.R.C.D. (C)

PRACTICE: Oral Pathology, Hospital Dentistry

EXPERIENCE: 25 + years in general and specialty
practice

ORGANIZATIONS: Canadian Dental Association
Ontario Dental Association

OTHER: Canadian Academy of Oral Pathology
American Academy of Oral Pathology

FAMILY: Married - two daughters

HOBBIES AND
INTERESTS: Sports, house renovations, reading

BIOGRAPHICAL INFORMATION - Community & Institutional Dentistry
(Oral & Biol./Patho.)

NAME: William Timothy McGaw

ADDRESS: Room 5084 Dentistry/Pharmacy Centre
University of Alberta
Edmonton, Alberta T6G 2N8

DATE AND PLACE OF BIRTH: July 23, 1955, Oakville, Ontario

EDUCATION: D.D.S. University of Toronto - 1978
M.Sc. Pathology, University of Toronto - 1982
F.R.C.D.(C) 1986

PRACTICE: Associate Professor and Chairman, Division
of Oral Pathology
Faculty of Dentistry, University of Alberta
Adjunct Associate Professor, Division of
Oncology and Adjunct Associate Professor,
Department of Pathology, Faculty of Medicine,
University of Alberta

EXPERIENCE: Director of Dental Services - Cross Cancer
Institute
Oral Medicine Consulting Practice
Diagnostic Oral Histopathology Service
- Faculty of Dentistry
Head and Neck Tumor Pathology Review Panel
- W.W. Cross Cancer Institute
Part-time private practice in General
Dentistry

ORGANIZATIONS: Royal College of Dentists of Canada (FRCD)
Canadian Dental Association
Alberta Dental Association

OTHER: Canadian Academy of Oral Pathology
American Academy of Oral Pathology
American Academy of Oral Medicine
Society of Oral Oncology
American Academy of Hospital Dentistry
Omicron Kappa Upsilon Honour Dental Society

AWARDS: Mosby Award (Medicine) 1978
Oral-B Scholarship (Achievement over 4 years)
1978
Murray Cornish Scholarship (Oral Pathology)
1977

FAMILY: Married with 2 children



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

April 7, 1989

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
CDA Council/Committee Chairmen
Presidents and Secretaries of Specialty Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDAA
Canadian Hospital Association

FROM: Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: CDA NOMINATIONS 1989

1. Elections of officers and council/committee personnel for the 1989-90 term will take place during the 1989 Annual Meeting of the Board of Governors in Vancouver, August 25-26, 1989.
2. Except in the case of nominations to the Committee on Nominations, Awards and Trusts itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Committee on Nominations, Awards and Trusts. The Board may then make further nominations from the floor.
3. It is the duty of the Committee on Nominations, Awards and Trusts to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Committee on Nominations, Awards and Trusts;
 - (c) rule on eligibility;
 - (d) make further nominations as necessary, or as the Committee sees fit;
 - (e) submit a report to the Annual Meeting.

4. Nominations must be received before May 1, 1989.

5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council/Committee Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections

6. Nominees to the Council on Education will include recommendations of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Provincial Dental Licensing Authorities
Council on Accreditation

7. Appointments to the Council on Accreditation will include submissions of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board
Provincial Dental Licensing Authorities
Royal College of Dentists of Canada
Canadian Dental Assistants' Association
Canadian Dental Hygienists' Association
Council on Accreditation

8. Nominations to the Committee on Community and Institutional Dentistry will include a recommendation from the Canadian Hospital Association.

9. All nominations must be accompanied by:

(a) Written consent of the nominee.

(b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nominations.

10. Except for Executive Council (as otherwise indicated), election to Councils/Committees is for a term of three years, renewable once. Members of the Councils/Committees must be Active, Affiliate, or Student Members of the Canadian Dental Association if they meet membership requirements; those who do not are exempt from the membership requirements. Affiliate members are not eligible for nomination for election to the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Nominations are not required for the Council on Insurance and Investment for reasons outlined in the following pages.

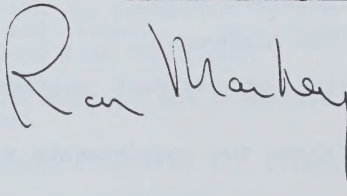
11. Nominations should be accompanied by a brief biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

The Call for Nominations for 1989 includes the new restructured Councils on Education and Accreditation, and the new Committee on Community and Institutional Dentistry. It is extremely important, therefore, that your nominations be received at CDA by the stated deadline May 1, 1989, in order that the Nominating Committee can ensure that all positions for these important new structures have candidates in place in time for the Pre-Board Executive Council meeting at the beginning of June.

PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF THE NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:

Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario K1G 3Y6

DEADLINE: May 1, 1989

A handwritten signature in dark ink, appearing to read "Ron Markey". The signature is fluid and cursive, with the first name "Ron" being more prominent than the last name "Markey".

c.c.: Members, Committee on Nominations, Awards and Trusts

/msg

**NOMINATIONS
1989**

I. Vice-President

Term: 1 year
Eligibility: Member of the Board of Governors
Incumbent: G. Dubé, Lachute

1. _____

II. Chairman of the Board

Term: Elected annually
Eligibility: Active or Honorary Member (may hold no other
elective office during his tenure as
Chairman)
Incumbent: N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 10 members

Term: 2 years: renewable twice
Eligibility: Member of the Board of Governors
Incumbents: R.J. Markey, Past-President
J.W. Niedermayer, President
K.L. Roach, President-Elect
G. Dubé, Vice-President
D.E. MacFarlane, B.C., 1990 (2)
B. Sigfstead, Alberta, 1989 (1)
L.S. Allen, Manitoba, 1989 (1)
R. Wenn, Charlottetown, 1990 (1)
B. Dolansky, Ottawa, 1990 (1)
Quebec Representative 1989

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practices the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Québec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland.

Dr. R.J. Markey is retiring as Past-President. Dr. B. Sigfstead and Dr. L.S. Allen are completing their first terms on Executive Council and are eligible for re-election.

Dr. G. Dubé was elected Vice-President at the 1989 Interim Meeting. A representative from Québec will be appointed by the President to fill the unexpired term, which would have been completed at the 1989 Annual Meeting. This representative is eligible for election to Executive Council commencing at the 1989 Annual Meeting.

If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

- 3 to be elected:
- 1. _____ Alberta
 - 2. _____ Manitoba
 - 3. _____ Québec

IV. Council on Constitution and By-Laws: 4 members

Term: 3 years: renewable once

Incumbents: G.H. Peacock, Saskatoon, 1988 (2) Chairman 1989
R.R. Schiewe, Thunder Bay, 1990 (1)
M.J.R. Leitch, British Columbia, 1989 (2)
M.J. Crompton, New Brunswick, 1990 (2)

Summary:

Dr. G.H. Peacock was reappointed Chairman in 1988 for an additional 1 year. Dr. M.J.R. Leitch will complete his second term and a nomination is required.

- 2 to be elected:
- 1. _____
 - 2. _____

V. Council on Education: 11 persons

Term: 3 years: renewable once

Incumbents: At the 1989 Interim Meeting of the CDA Board of Governors, a by-law amendment was adopted authorizing a new Council on Education.

There are, therefore, no incumbents.

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (5) One person, being a dental assistant, from nominations of the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations of the Royal College of Dentists of Canada.
- (9) One lay person from nominations of the Council on Accreditation.

11 to be elected:

1. _____ CDA
2. _____ CDA Hosp./Inst. Dentistry
3. _____ ACFD
4. _____ ACFD
5. _____ ACFD
6. _____ ACFD/Dental Hygienist

7. _____ ACFD/Dental Assistant
8. _____ NDEB
9. _____ Licensing Authorities
10. _____ RCDC
11. _____ Council on Accreditation
(Lay Representative)

VI. Council on Accreditation: 14 members

Term: 3 years: renewable once

Incumbents: At the 1989 Interim Meeting of the CDA Board of Governors, a by-law amendment was adopted authorizing a new Council on Accreditation.

There are, therefore, no incumbents.

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Dental Auxiliary Educators Section
- (5) Two persons appointed by the National Dental Examining Board
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) A lay person appointed by the Council on Accreditation

14 to be elected:

1. _____ CDA
2. _____ CDA Hosp./Inst. Dentistry
3. _____ ACFD
4. _____ ACFD
5. _____ ACFD/Deans Committee
6. _____ ACFD/Auxiliary
7. _____ NDEB
8. _____ NDEB
9. _____ Licensing Authorities
10. _____ Licensing Authorities
11. _____ RCDC
12. _____ CDAA
13. _____ CDHA
14. _____ Council on Accreditation
(Lay Representative)

VII. Committee on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: Dr. J. Brookfield, Kirkland Lake, 1991 (1)
Chairman
M.A. Lasko, Winnipeg, 1989 (2)
B. Creaser, New Germany, 1990 (1)
B.G. Saik, Calgary, 1991 (2)
B.N. Rocky, Richmond, 1989 (1)

Summary:

Dr. J. Brookfield is a presidential appointment to the Committee as Chairman effective November 1988.

Dr. B.N. Rocky is completing his first term and is eligible for re-election.

Dr. M.A. Lasko is completing his second term and a nomination is required.

- 2 to be elected: 1. _____
2. _____

VIII. Information Services Committee: 5 members

Term: 3 years: renewable once

Incumbents: P. O'Brien, Atlantic Provinces, 1990 (1) Chairman
G.M. Ritson-Bennett, Prairie Provinces, 1990 (1)
A. Maplethorpe, B.C. 1989
G. Lafrenière, Québec, 1989 (2)
W. Hettenhausen, Ontario, 1990 (1)

Summary:

The Information Services Committee shall consist of five members representative of the Atlantic Provinces, Québec, Ontario, the Prairie Provinces and British Columbia.

Dr. D. Lauriente resigned his position on the Committee during 1988-89 and Dr. A. Maplethorpe is filling this vacancy. The original term would have been completed in 1989. Dr. Maplethorpe is eligible for election.

Dr. G. Lafrenière is completing his second term; a nomination is required.

- 2 to be elected: 1. _____ B.C.
2. _____ Québec

IX. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Services Plans Inc.

None to be elected

X. Committee on Community and Institutional Dentistry: 8 members

Term: 3 years: renewable once

Incumbent: New Committee - replacing the existing Committees on Hospital and Institutional Services and Health Care.

There are, therefore, no incumbents.

Summary:

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada, and will comprise:

- o 2 general dental practitioners
- o 1 oral and maxillofacial surgeon
- o 1 oral pathologist/oral biologist
- o 1 representative of public health dentistry
- o 1 representative of pediatric dentistry
- o 1 representative of dental auxiliaries
- o 1 representative of the Canadian Hospital Association

8 to be elected:

1. _____ General Practitioner
2. _____ General Practitioner
3. _____ Oral/Maxillofacial Surgeon
4. _____ Public Health Dentist
5. _____ Pediatric Dentist
6. _____ Dental Auxiliaries
7. _____ Canadian Hosp. Association
8. _____ Oral Pathologist/Biologist

XI. Committee on Nominations, Awards and Trusts: 4 members

Term: 3 years

Incumbents: R.J. Markey, Vancouver, 1992 Chairman
J.R. Robertson, Summerside, 1991
B.W. Holmes, Ontario, 1990

Summary:

The Committee on Nominations, Awards and Trusts shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Vice-President who acts as Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. P.R. Crawford resigned from Committee in the 1987-88 term.

1989/04/04

/msg

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nomination for: Chairman of the Board _____
 Vice-President _____
 Executive Council _____
 Council/Committee on _____

*NOTE: Affiliate members are not eligible for nomination to the Executive Council.
Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name _____

Candidate's Address _____

Postal Code _____

A brief biographical sketch must be attached to nominations.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.

PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator _____ Office/Position _____

Signature _____

****NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Services Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- (g) The Board shall be the final authority on any disputed conflict of interest.

(b) I have a possible conflict of interest if (b) please _____
explain potential conflict on the reverse of this form.

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____

SIGNATURE OF NOMINEE _____

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PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

Return this completed form by May 1, 1989 to:

Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards and Trusts
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

BIOGRAPHICAL INFORMATION

NAME:

ADDRESS:

**DATE AND PLACE OF
BIRTH:**

EDUCATION:

PRACTICE:

EXPERIENCE:

ORGANIZATIONS:

OTHER:

FAMILY:



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

M E M O R A N D U M

May 5, 1989

TO: Members of the Board of Governors
Presidents and CEO's - Corporate Members
CDA Council/Committee Chairmen
Presidents and Secretaries of Specialty Sections
ACFD - NDEB - RCD(C)
Provincial Registrars
Presidents - CDHA - CDA

FROM: Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: CDA NOMINATIONS 1989

Following my memorandum of April 7, 1989, it has come to my attention that several constituencies eligible to nominate had some difficulty meeting the original nomination date of May 1, 1989. Concerns have been expressed by the constituencies eligible to nominate to the CDA Council on Education, and the CDA Council on Accreditation. In view of these concerns, as Chairman of the Committee on Nominations, Awards and Trusts, I am hereby extending the deadline for nominations until June 5, 1989. The Committee on Nominations, Awards and Trusts will meet June 6, 1989 and present its report to the Executive Council on June 9-10, 1989.

While I appreciate that this extension of the deadline may not be as flexible as may have been wished, consultation with the Chairman of the Council on Constitution and By-Laws has identified potential problems that might arise of a constitutional nature should an extension be given beyond the June 6 date.

I thank you for your assistance in this regard, and look forward to receiving nominations by June 5.

Ron Markey

c.c.: Committee on Nominations, Awards and Trusts
Dr. G. Peacock, Chairman, Council on Constitution & By-Laws
Mr. Jardine Neilson, Executive Director
Mr. Brian Henderson, Director, Education & Accreditation



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

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N O T E

le 7 avril 1989

AUX: Membres du Bureau des gouverneurs
Présidents et directeurs généraux des
corporations membres
Présidents des conseils et comités de l'ADC
Présidents et secrétaires des sections
spécialisées
Association des Facultés de médecine dentaire
du Canada
Bureau national d'examen des dentistes du Canada
Collège royal des dentistes du Canada
Registraires provinciaux
Présidents - ACHD - ACAD
Association des hôpitaux du Canada

DE: Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et
des fondations

OBJET: CANDIDATURES AUX POSTES DE L'ADC POUR 1989

-
1. L'élection des dirigeants et des membres des conseils et des comités pour l'exercice 1989-90 se déroulera lors de l'assemblée annuelle du Bureau des gouverneurs qui aura lieu les 25-26 août, à Vancouver.
 2. Sauf pour les nominations au Comité des candidatures, des distinctions et des fondations lui-même, aucune candidature ne peut être présentée directement au cours de l'assemblée annuelle, à moins qu'il s'agisse de combler une vacance créée par le retrait d'un candidat qui avait été inscrit sur la liste du Comité des candidatures, des distinctions et des fondations. Le Bureau acceptera alors les candidatures mises de l'avant par les participants.

.../2

3. Il incombe au Conseil des candidatures, des distinctions et des fondations (Article XVI, alinéa 4(i) (i-v):
 - (a) de préparer la liste de tous les postes électifs à combler;
 - (b) de solliciter les candidatures, sauf au Comité des candidatures, des distinctions et des fondations;
 - (c) de décider de l'égibilité des candidats;
 - (d) d'appeler d'autres candidats, au besoin ou s'il juge opportun de le faire;
 - (e) de faire rapport à l'assemblée annuelle.
4. Les candidatures doivent être reçues avant le 1er mai 1989.
5. Ont le droit de présenter des candidats:
 - les membres du Bureau des gouverneurs de l'ADC,
 - les présidents des conseils et comités de l'ADC,
 - les présidents ou secrétaires des corporations membres,
 - les présidents ou secrétaires des sections spécialisées.
6. Les candidatures au Conseil de l'éducation doivent être recommandées par:
 - l'Association dentaire canadienne,
 - l'Association des Facultés de médecine dentaire du Canada,
 - le Bureau national d'examen des dentistes du Canada,
 - le Collège royal des dentistes du Canada,
 - les organismes de réglementation provinciaux,
 - le Conseil de l'agrément.
7. Les nominations au Conseil de l'agrément doivent inclure les recommandations de:
 - l'Association dentaire canadienne
 - l'Association des Facultés de médecine dentaire du Canada,
 - le Bureau national d'examen des dentistes du Canada,
 - les organismes de réglementation provinciaux,
 - le Collège royal des dentistes du Canada,
 - l'Association canadienne des assistantes dentaires,
 - l'Association canadienne des hygiénistes dentaires,
 - le Conseil de l'agrément.

8. Les nominations au comité de la dentisterie communautaire et institutionnelle doivent inclure les recommandations de l'Association des hôpitaux du Canada.
9. Toute candidature doit être assortie des documents suivants:
 - (a) l'acceptation par écrit du candidat;
 - (b) la déclaration du candidat concernant le conflit d'intérêt.

Le manquement à ces deux conditions entraîne l'annulation de la candidature.

10. Sauf pour le Conseil exécutif (et à moins d'indication contraire), les membres des conseils et comités sont élus pour un mandat de trois ans, renouvelable une seule fois. Ils doivent être membres actifs, affiliés, ou étudiants de l'Association dentaire canadienne si ils rencontrent les critères; ceux qui ne peuvent recontrés ces critères sont exemptés. Les membres affiliés ne sont pas éligibles au Conseil exécutif. Les membres étudiants ne sont pas éligibles au Conseil exécutif.

Aucune candidature n'est requise pour le Conseil des assurances et des placements pour les raisons indiquées dans les pages qui suivent.

11. Il faut joindre au formulaire de mise en candidature une brève note biographique du candidat. Les candidatures doivent s'accompagner d'une notice biographique qu'on joindra au formulaire de mise en candidature. Veuillez vous servir de ce formulaire, limitant ainsi votre présentation à une seule page (voir l'exemple ci-joint).

L'appel des candidatures pour 1989 touche également les postes prévus pour les nouveaux conseils distincts de l'éducation et de l'agrément ainsi que le nouveau comité de la dentisterie communautaire et institutionnelle. Il importe donc grandement que vos candidatures parviennent à l'ADC au plus tard le 1er mai 1989, de façon à ce que le comité des candidatures puisse prévoir des candidats à tous ces nouveaux postes importants, à temps pour la réunion que l'Exécutif tiendra au début de juin pour préparer l'assemblée des gouverneurs.

Veuillez envoyer votre ou vos candidatures,
l'acceptation par écrit,
la déclaration sur le conflit d'intérêt
et la note biographique de chaque candidat au:

Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et des fondations
l'Association dentaire canadienne
1815, Promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6

AVANT LE 1er MAI 1989

/msg

**MISE EN CANDIDATURE
L'ASSOCIATION DENTAIRE CANADIENNE**

Veuillez ne présenter qu'une candidature par formulaire. Tout candidat doit être éligible au poste indiqué (voir le règlement concernant les conflits d'intérêt au verso du formulaire, ainsi que les conditions régionales ou autres de mise en candidature sur la note ci-jointe).

VEUILLEZ INDIQUER UN CROCHET SEULEMENT:

Nomination au
poste de:

Président du Bureau _____
Vice-Président _____
Conseil exécutif _____
Conseil/comité(nom) _____

*NOTA: Les membres affiliés ne sont pas éligibles au Conseil exécutif.
Les membres étudiants ne sont pas éligibles au Conseil exécutif.

VEUILLEZ DACTYLOGRAPHIER OU ECRIRE EN LETTRES MOULEES.

Nom du candidat _____
Adresse du candidat _____
_____ code postal _____

Les candidatures doivent s'accompagner d'une notice biographique.

CONFORMÉMENT AUX DISPOSITIONS DES STATUTS ET REGLEMENTS CONCERNANT LA REPRÉSENTATION RÉGIONALE OU AUTRE ET ÉTANT MOI-MEME AUTORISÉ A PRÉSENTER DES CANDIDATURES, JE PROPOSE LA MISE EN CANDIDATURE DE LA PERSONNE.

VEUILLEZ DACTYLOGRAPHIER OU ÉCRIRE EN LETTRE MOULÉES.

Présenteur _____ Poste _____

Signature _____

****NOTA:** Veuillez informer l'organisation provinciale à laquelle le candidat appartient en lui indiquant le nom de ce dernier ainsi que le poste à combler.

L'ARTICLE XXI, PARAGRAPHE I, DES STATUTS ET REGLEMENTS SPECIFIE CE QUI SUIT:

- a) Les membres du Bureau des gouverneurs doivent déclarer tous les intérêts qu'il détiennent directement ou indirectement dans une entreprise qui fournit du matériel ou des services à la profession, quelle qu'en soit la nature, ainsi que tout intérêt se rapportant à un contrat, à une transaction concernant la fourniture dudit matériel ou la prestation desdits services. Le cas échéant, ils doivent s'abstenir de participer à la discussion et au vote concernant ledit contrat ou ladite transaction.
- b) Lorsqu'il a fait la déclaration prévue ci-dessus et s'est abstenu de participer au vote concernant le contrat ou la transaction en question et s'il a agi en toute honnêteté et bonne foi, un gouverneur n'a pas à répondre devant l'Association des gains ou des profits qu'il peut avoir réalisés, et ledit contrat ou ladite transaction n'est pas annulé.
- c) Les dispositions ci-dessus s'appliquent automatiquement aux membres des divers conseils et comités de l'Association, y compris le Conseil exécutif. Pour que leur déclaration soit valable, les gouverneurs et les membres des conseils et comités doivent la présenter par écrit non seulement à leur conseil ou comité respectif, mais également au Bureau des gouverneurs.
- d) Tout candidat pouvant être élu ou nommé à un conseil ou à un comité de l'Association, y compris le Conseil exécutif, doit déclarer, dès sa mise en candidature, sur le formulaire à cet effet, toute possibilité de conflit d'intérêt, et le Bureau des gouverneurs doit en être informé avant la tenue des élections.
- e) Le fait d'être fiduciaire d'un régime d'assurance ou de placements administré par l'Association ou de représenter celle-ci au conseil d'administration du Canadian Dental Service Plans Incorporated ne constitue pas un conflit d'intérêt pour les membres du Conseil exécutif ou ceux qui y sont candidats.
- f) Il y a possibilité de conflit d'intérêt lorsqu'un membre du Bureau des gouverneurs, des conseils ou des comités de l'Association a accès secrètement à de l'information confidentielle dont il pourrait tirer avantage pour lui-même ou pour l'organisation à laquelle il est associé. Le cas échéant, le membre en question doit promettre de respecter la confidentialité de l'information.
- g) La décision du Bureau des gouverneurs sur toute question concernant le conflit d'intérêt est sans appel.

LE PREMIER PARAGRAPHE DE L'ARTICLE XXI DES STATUTS ET REGLEMENTS
TRAITE DES POSSIBILITÉS DE CONFLIT D'INTÉRÊT ÉVENTUEL ET PARAÎT
SUR LA DEUXIÈME PAGE DU FORMULAIRE DE MISE EN CANDIDATURE.

LES CANDIDATS SONT PRIÉS D'APPOSER LEURS INITIALES A L'UN DES
ÉNONCÉS SUIVANTS:

- (a) Je ne connais pas de possibilités de _____
conflit d'intérêt.
- (b) J'ai des possibilités de conflit
d'intérêt. Si vous apposez vos initiales _____
à l'énoncé b), veuillez donner les
explications appropriées au verso du
formulaire.

Je permets ma mise en candidature et j'en ai la qualité en tant
que membre actif _____, affilié, _____ ou étudiant
_____.

Je suis membre de

(corporation membre)

Je permets ma mise en candidature; je ne peux rencontrer les
critères de membre ci-haut mentionnés de l'ADC _____.

NOM DE L'ORGANISATION RECOMMANDANT LA CANDIDATURE

SIGNATURE DU CANDIDAT _____

.....

VEUILLEZ INDIQUER CI-DESSOUS TOUTE POSSIBILITE DE CONFLIT
D'INTERET.

Veuillez envoyer au:

Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et des fondations
l'Association dentaire canadienne
1815, Promenade Alta Vista
Ottawa (Ontario)
K1G 3Y6

AVANT LE 1er MAI 1989



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

N O T E

le 5 mai 1989

AUX: Membres du Bureau des gouverneurs
Présidents et directeurs généraux des
corporations membres
Présidents des conseils et comités de l'ADC
Présidents et secrétaires des sections
spécialisées
Association des Facultés de médecine dentaire
du Canada
Bureau national d'examen des dentistes du Canada
Collège royal des dentistes du Canada
Registraires provinciaux
Présidents - ACHD - ACAD

DE: Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et
des fondations

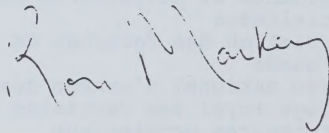
OBJET: CANDIDATURES AUX POSTES DE L'ADC POUR 1989

Suite à ma note du 7 avril 1989, il a été porté à mon attention que quelques personnes ayant droit de nommer des candidats avaient de la difficulté à rencontrer la date d'échéance du 1er mai 1989. Les personnes ayant droit de soumettre des noms de candidats au Conseil de l'éducation de l'ADC, et le Conseil de l'agrément de l'ADC ont exprimés leurs inquiétudes particulières. C'est alors, en tant que Président du Comité des candidatures, des distinctions et des fondations, que je prolonge la date limite jusqu'au 5 juin 1989. Le Comité des candidatures, des distinctions et des fondations se rencontre le 6 juin 1989 et présentera son rapport au Conseil exécutif les 9 et 10 juin prochain.

.../2

Je suis conscient du fait que la date limite ne semble pas aussi flexible que je l'aurais aimé, par contre après avoir consulté avec le Président du Conseil des statuts et règlements, ce dernier a identifié des endroits dans les status et règlements qui pourrait causé des ennuis si la date dépasse le 6 juin.

Je vous remercie de votre aide dans cette matière, et j'attends recevoir vos candidatures par le 5 juin 1989.

A handwritten signature in dark ink, appearing to read "Ian Mackay". The signature is fluid and cursive, with the first name "Ian" and the last name "Mackay" clearly distinguishable.

c.c.: Comité des candidatures, des distinctions et des fondations
Docteur G. Peacock, président, Conseil des statuts et règlements
M. Jardine Neilson, directeur général
M. Brian Henderson, directeur de l'éducation et de l'agrément

/msg

CORRESPONDING MEMBERS TO CDA COMMITTEESPreamble

The issue of adding corresponding members to certain CDA Committees has caused some confusion, and resulted in many questions over the last few months. For this reason, additional explanation is offered.

Over the last few years, CDA has attempted to streamline its operations in an effort to be more efficient and cost-conscious. We also want to utilize the very best expertise possible to research issues, and this approach has not always been consistent with larger councils or committees.

Our re-organization efforts of the last few years has exacted a certain price in the area of geographic representation. Some of our committees are smaller and composed of the right people to do the job. A national organization, however, must still be conscious of all of its constituents, and attempt whenever possible to disseminate information and obtain feedback and input from as many sources as possible. In short, we want as many corporate bodies as possible to buy in, and feel that they are having their fair say in the development of Association policy.

The Third Party Dental Plans Committee has made effective use of this system, and expanding it to other areas would be beneficial. The advantages are:

- a) broader participation;
- b) better distribution of information;
- c) the experience provides the individuals involved with a taste of CDA activity, and creates a possible source for future CDA Committee/Council members.

The disadvantages in the system lie in the potential to have the role of corresponding members expand beyond the initial intent. This could occur and misunderstandings develop, particularly if corporate bodies seeking more input to a Committee demand greater participation by their corresponding member at CDA expense. It would therefore be wise at this time to define guidelines or terms of reference for corresponding members, in order that the roles and the responsibilities are clearly delineated. The appended terms of reference are proposed for consideration.

TERMS OF REFERENCE - CORRESPONDING MEMBERS

1. Corresponding members should receive all notice of meetings together with agenda material and reports that are due for consideration at any full meeting of the Committee.
2. Corresponding members should feel free to offer written submission or critiques of any and all official business of the Committee. They are expected to provide a link to the corporate body they represent, and should also be a vehicle for information flow between the corporate body and the Committee.
3. Corresponding members should receive the minutes of all Committee meetings.
4. Corresponding members shall not attend Committee meetings, as the system should operate the way it is named - by correspondence.

The objectives are straightforward:

- Flow of information to more areas of the country.
- More feedback for the ideas being generated at the Committee level.

APPENDIX IV

CORRESPONDING MEMBERS

Ethics Committee

B.D. Barrett (P.E.I.)
G.H. Peacock (Sask.)

Community and Institutional Dentistry

C. Jack (P.E.I.)
R.E. McDermott (Sask.)

Information Services Committee

D. Richardson (P.E.I.)
K.I. Hamilton (Sask.)
P.H. Downing (N.S.)

Membership Committee

P. Creighan (P.E.I.)
G.H. Peacock (Sask.)
R.B. Morean (N.S.)



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M E M O R A N D U M

April 7, 1989

TO: Presidents and CEO's - Corporate Members

FROM: Dr. Ron J. Markey, Chairman
Committee on Nominations, Awards & Trusts

SUBJECT: Corresponding Members - CDA Councils/Committees

As you will recall at the recent meeting of Presidents and CEO's, I indicated that the CDA would be instituting a system of corresponding members for a number of Committees. The CDA Call for Nominations for 1989 has been forwarded to you recently; this document indicates your province's current representation on CDA Councils and Committees of the Board of Governors.

I would request that you review this information, and submit nominations and supporting documentation to the Nominating Committee for corresponding members to the Committees listed below if your province currently is not represented.

- Committee on Ethics - Appendix I
- Committee on Community & Institutional Dentistry - Appendix II
- Committee on Information Services - Appendix III
- Membership Committee - Appendix IV

Terms of reference for these Committees are appended. .

Ron Markey

c.c.: Board of Governors
Dr. Jim Brookfield, Chairman, Committee on Ethics
Dr. Paul O'Brien, Chairman, Committee on
Information Services
Dr. Gilles Dubé, Chairman, Membership Committee

/msg



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

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TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

N O T E

le 7 avril 1989

AUX: Présidents et directeurs généraux des
corporations membres

DE: Docteur Ron J. Markey, président
Comité des candidatures, des distinctions et
des fondations

OBJET: Membres correspondants des conseils et comités
de l'ADC

Vous vous souviendrez que, lors de la dernière assemblée des présidents et directeurs généraux, j'avais indiqué que l'ADC s'appropriait à créer des postes de membres par correspondance pour un certain nombre de comités. Puis, on vous faisait parvenir récemment l'appel des candidatures pour 1989, document qui vous indiquait aussi dans quelle mesure votre province était représentée au sein des conseils et comités du Bureau des gouverneurs.

Vous m'obligeriez en réexaminant cette information et, le cas échéant, en présentant au comité des candidatures les noms des personnes qui pourraient siéger comme membres correspondants auprès des comités au sein desquels votre province ne serait pas déjà représentée, notamment les comités suivants:

- comité de déontologie - annexe I
- comité de la dentisterie communautaire et institutionnelle-annexe II
- comité des services d'information - annexe III
- comité des recrutement- annexe IV

c.c. Bureau des gouverneurs
Dr. Jim Brookfield, président du comité de déontologie
Dr. Paul O'Brien, président du comité des services
d'information
Dr. Gilles Dubé, président du comité de recrutement

/sfb

TERMS OF REFERENCE

COMMITTEE ON ETHICS

The Committee on Ethics shall consist of five members.

It shall be the duty of the Committee on Ethics:

- (i) to study all matters relating to the ethical standing of the profession.
- (ii) to recommend statement of ethical standards that are in the best interest of all concerned.
- (iii) to work with the corporate members for the establishment of ethical standards which are acceptable to the profession.

TERMS OF REFERENCE
COMMITTEE ON COMMUNITY AND INSTITUTIONAL DENTISTRY

MEMBERSHIP

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada and shall consist of 8 members plus Executive Liaison, as follows:

- . 2 general dental practitioners
- . 1 oral and maxillofacial surgeon
- . 1 oral pathologist/biologist
- . 1 representative of public health dentistry
- . 1 representative of pediatric dentistry
- . 1 representative of dental auxiliaries
- . 1 representative of the Canadian Hospital Association
- . Executive Liaison

TERMS OF REFERENCE

1. To foster and encourage by appropriate means all methods of reducing and preventing oral disease.
2. To monitor and review developments in dental practice within institutions as well as the wider community.
3. To develop guidelines and resources to assist practitioners in both settings to respond to new developments and to practice safely, efficiently and professionally.
4. To work in cooperation with other CDA Committees, dental practitioners, the dental specialties, hospital administration and the medical profession as required to monitor developments and produce guidelines and resources.
5. To advise the CDA Board of Governors on issues related to the practice of dentistry within institutions as well as the wider community.
6. To act upon any related matters that may from time to time be assigned by the Executive Council.

TERMS OF REFERENCE

COMMITTEE ON INFORMATION SERVICES

The Committee on Information Services shall consist of five members, one of each from the Atlantic Provinces, Québec, Ontario, the Prairie Provinces and British Columbia.

It shall be the duty of the Committee on Information Services:

- (i) to develop guidelines for methods and programs to disseminate educational material to the public;
- (ii) to develop guidelines for methods and programs to effectively communicate with members of the Association.

TERMS OF REFERENCE

MEMBERSHIP COMMITTEE

- (1) To promote the benefits of CDA membership among dental students, new dental graduates and dentists in all provinces with special emphasis in voluntary provinces;
- (2) To recommend improvements in services to members of CDA;
- (3) To evaluate the impact of the activities of all committees influencing the membership and make recommendations where appropriate.

COMPOSITION

- (1) The Membership Committee remain a Committee of Executive Council.
- (2) The Chairperson position be renewable, on an annual basis. There is a definite need for continuity in the position, and for that matter, in the Committee itself,
- (3) The balance of the Committee would not exceed five (5) people, meeting the following criteria:
 - Mandatory province representation
 - Quebec Executive Council member
 - Ontario Executive Council member
 - A recent graduate from a Canadian dental school
- (4) The Committee meet twice a year in or around the months of May and October.

CDA COMMITTEES OF EXECUTIVE COUNCIL

1. Consumer Products Recognition - 5 members plus Chairman

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: M. Eggert, Edmonton - Chairman 1989 (2)
H. Limeback, Toronto 1989 (2)
W.B. Chapple, Port Hope 1989 (9)
E.C.S. Chan, Montreal 1989 (1)
G.H.W. Bowden, Winnipeg 1989 (1)
H.S. Sandhu, London 1989 (1)
M. Akoury, (observer - Health & Welfare Canada)

2. Convention Committee - General Chairman
- Members (local arrangements support)

Term: Annual appointment (Chairman)

Eligibility: Special qualifications required

Incumbents: Dr. M. Jahjah, Montréal - Chairman 1987

3. Dental Materials and Devices - 8 members

Term: renewable annually

Eligibility: special qualifications required

Incumbents: Dr. R.Y. Barolet, Montréal - Chairman
Dr. P. Desautels, Montréal
Dr. L. Johnson, London
Dr. D. Jones, Halifax
Dr. R. Roydhouse, Vancouver
Dr. D. Smith, Toronto
Dr. P.T. Williams, Winnipeg
Dr. P. Blais, (observer, Health & Welfare Canada)
Mr. Arthur Zwingenberger, (observer, Dental Industry Association of Canada)

4. Dental Specialties - 9 members

Term: 3 years: renewable once

Eligibility: representative from CDA recognized specialty sections

Incumbents: J.N. Wright, CAP - Chairman 1990 (1)
J. Phillips, CAE 1990 (1)
D. Precious, CAOMS 1992 (2)
C. Price, CAOR 1990 (1)
B. Lafontaine, CSPHD 1991 (1)
R. Pass, CAO 1992 (2)
V. Legault, CAPD 1991 (1)
H. Gaucher, APC 1992 (2)
D. Mock, CAOP 1991 (2)
RCDC (Observer)

5. Government Relations - 2 members

Term: 3 years: renewable once

Incumbents: J. Gryfe, Chairman 1990 (1)
E. MacSween, Ottawa 1990 (1)

Sub-committee on Medical Services Branch (Ad Hoc):

B.W. Holmes, Chairman
R. Thordarson

6. Membership - 4 members

Term: - Executive Council Members (Incumbents)
- Others 2 years (renewable)

Eligibility: Mandatory province representation, Québec and Ontario Executive Council member, and a recent graduate from a Canadian dental school.

Incumbents: G. Dubé, Chairman 1989 (1)
S. Sgro, St-Léonard (Appointed May 1987)
B. Rosebush, Vancouver (Appointed May 1987)
B. Dolansky, Ottawa 1990 (1)

Summary: The appointment of the Executive Council member from Québec is necessary to replace Dr. Gilles Dubé.

7. Publications - 3 members

Term: 3 years: renewable once

Incumbents: J. Hardie, Ottawa, Chairman 1990 (1)
P. Desautels, Montreal 1991 (2)
H.J. Stockton, Winnipeg 1992 (1)

8. Ad Hoc Committee on Salaried Dentists - 6 members

Term: renewable annually

Incumbents: R.A. Turcotte, Chairman 1989 (5)
N. Farrell, London 1989 (4)
H.L. Goldberg, Saskatoon 1989 (5)
M. Deyette, Ottawa 1989 (2)
A. Schwartz, Winnipeg 1989 (6)
C. Tessier, Sherbrooke 1989 (4)

Summary: Appointment to the Committee shall be made annually by Executive Council.

9. Taxation - 3 members

Term: renewable annually

Incumbents: R.N. Hicks, Chairman 1989 (10)
J.H. Gryfe, Weston 1989 (2)
E. MacSween, Ottawa 1989 (2)

Eligibility: Expertise required

Summary: The members of the Government Relations Committee, shall also be the members of Taxation Committee.

10. Third Party Dental Plans - 4 members

Term: 2 years: 3 renewals

Eligibility: Special interests and qualifications

Incumbents: D.E. MacFarlane, Chairman 1990 (3)
D. Gutkin, Winnipeg 1990 (3)
T. Gushue, St. John's 1990 (3)
B. Dolansky, Ottawa 1990 (1)

Summary:

When the terms of reference were originally approved by the Board, the terms of 2 members were to have been for an initial one year term in order that members would provide a continuity on the committee. This does not appear to have been the case. Three members will have completed their 3rd term in 1990 and nominations will be required.

NOTE:

All Chairmen positions are subject to annual appointment or re-appointment by the President. Vacancies occurring during the year are filled by Presidential appointment in consultation with the Chairperson.

April 21, 1989

APPENDIX VI

CDA PRESIDENT'S AWARD

1988-1989 RECIPIENTS

<u>University</u>	<u>Name of Recipient</u>
Alberta	Kirk Douglas Chambers
British Columbia	Mandeep Jawanda
Dalhousie	Adrian Francis Leo Power
Laval	Martine Chamberland
Manitoba	Thomas Colina
Montreal	Denis Abergel
McGill	Mario Desautels
Saskatchewan	Leonard Steven Markewich
Toronto	Susana Belavich
Western Ontario	Robert W. Elliott

APPENDIX VII

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Robert N. Hicks

ADDRESS: 375 - 1425 Marine Drive
West Vancouver, B.C. V7T 1B9

EDUCATION: 1962 - D.D.S. - University of Alberta
1967 - M.S. - Northwestern University
Specialty in Orthodontics

PRACTICE: West Vancouver, B.C.

1968-1980 - Part-time Faculty - Faculty of
Dentistry, University of British Columbia
1976-1982 - Alderman - City of West Vancouver

ASSOCIATION
MEMBERSHIPS:

1972-73 - President, Vancouver & District
Dental Society
1974-76 - President, College of Dental
Surgeons of British Columbia
1977-78 and 1979-82 - Executive Council, CDA
1974-82 - Board of Governors, CDA
1978 - present - Chairman, Taxation Cttee, CDA
1978-80 - Board member, Cancer Control Agency
of British Columbia
1980-81 - Vice-President, Board - Cancer
Control Agency of British Columbia
1982-83 - President, Board - Cancer Control
Agency of British Columbia
1982 - President, Canadian Association of
Orthodontists
1983-84 - President, CDA
- present - FDI National Treasurer

HONORARY
MEMBERSHIPS:

Fellow - International College of Dentists
Member - Pierre Fauchard Academy

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Patrick Ralph Crawford

ADDRESS: 34 Salme Drive
Winnipeg, Manitoba R2M 1Y7

DATE AND PLACE OF BIRTH: Winnipeg, Manitoba, 1928

EDUCATION: High School, Winnipeg, Grade XII
College of Notre Dame; Wilcox, Sask.
University of Saskatchewan
University of Ottawa, B.A. 1959
D.M.D. (Honors) University of Manitoba
- 1964

PRACTICE: General Practice, Winnipeg 1964
(limited to prosthodontics, since 1978)

EXPERIENCE: Part-time lecturer and assistant professor,
1964 to present, Faculty of Dentistry
University of Manitoba, removable
prosthodontics, geriatric dentistry and
since 1986, chairman of Faculty Fund Raising

ORGANIZATIONS: Winnipeg Dental Society: President 1972
Manitoba Dental Association: President 1976
Awarded MDA's President Award of Merit
("Dentist of the Year" 1975 & 1978)
Chairman CDA National Convention, Wpg. 1978
NDEB member Board of Directors 1978-1980
NDEB Examiner, Prosthodontics 1976-1986
CDA Board of Governors, 1st elected 1978
CDA Executive Council 1981
CDA President 1984-85
CDA Journal Editor 1987 -

OTHER: Fellow International College of Dentists,
Fellow Academy of Dentistry International,
Fellow, American Academy of Dentistry, Omicron
Kappa Upsilon, member, Xi Psi Fraternity,
member, Pierre Fauchard Society, member,
Canadian Academy of Prosthodontists, Alumni
Association, University of Manitoba
(President, 1982-1983)

FAMILY: Married - Olga, 1952 (Honeymoon ever since!)
Children: Son: Patrick (pharmacist)
Daughter: Aileen (speech therapist)

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Arthur Schwartz

ADDRESS: Faculty of Dentistry, University of Manitoba
780 Bannatyne Avenue, Room D113
Winnipeg, Manitoba R3E 0W2

DATE OF BIRTH: June 22, 1923

EDUCATION: High School - Ashern, Manitoba
Pre Dental - United College and University
of Manitoba
Dentistry - University of Toronto, D.D.S. 1945

PRACTICE: Professor, Faculty of Dentistry, University
of Manitoba 1989 to present

EXPERIENCE: Royal Canadian Dental Corps 1944-1947
Private Practice - Kenora, Ontario 1947-1955
Director, Dental Services, Department of
Health, Province of Manitoba 1955-1958
Private Practice - Kenora, Ontario and
Winnipeg, Manitoba 1958-1971
Executive Director, Progressive Conservative
Party of Manitoba 1967-1969
Regional Dental Officer - Manitoba Region,
Health and Welfare, Medical Services Branch
1971-1973
Regional Director, Manitoba Region, Health
and Welfare Canada, Medical Services Branch
1973-1977
Regional Director, Ontario Region, Health and
Welfare Canada, Medical Services Branch
1977-1978
Dean, Faculty of Dentistry, University of
Manitoba 1978-1989

ORGANIZATIONS: Winnipeg Dental Society - Life Member
Manitoba Dental Association - Honorary
Life Member
Canadian Dental Association - Life Member
American Association of Dental Schools
Canadian Association of Dental Research
American Association of Dental Research
International College of Dentists
American College of Dentists
O.K.U. Honorary Dental Society
Fédération Dentaire Internationale
Pierre Fauchard Academy

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Kenneth Chessar Bentley

ADDRESS: Montreal General Hospital
1650 Cedar Avenue, Montreal, Quebec
H3G 1A4

DATE AND PLACE OF BIRTH: September 22, 1935, Montreal

EDUCATION: Dental - D.D.S. - 1958 - McGill University
Medical - M.D., C.M. - 1962 - McGill University
Postgraduate - 1962-63 - Junior Rotating
Interne - Montreal General Hospital
1963-64 - Junior Assistant Resident (Surgery)
- Montreal General Hospital
1964-66 - Recipient of Canadian Fund for
Dental Education Fellowship
1964-65 - Resident (Oral Surgery) - Bellevue
Hospital, New York
1965-66 - Chief Resident (Oral Surgery)
- Bellevue Hospital, New York

EXPERIENCE: University Appointments:
1966-1975 - McGill University
1977-1987 - Dean, McGill University

Faculty Committees:
1966-1975

Association of Canadian Faculties of
Dentistry:
1970-1978

Various Hospital Appointments:

1966-1981
Montreal General Hospital
Reddy Memorial Hospital
Royal Victoria Hospital
St. Mary's Hospital

ORGANIZATIONS: Association of Oral Surgeons of Quebec
Bellevue Society of Oral Surgeons
Canadian Dental Association
Can. Assoc. of Oral and Maxillofacial Surgeons
International Assoc. for the Study of Pain
International Association of Oral Surgeons
Lafleur Report Society
Montreal Dental Club
Montreal Medico-Chirurgical Society
National Dental Examining Board of Canada
Order of Dentists of Quebec

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Thomas Edward Ramage

ADDRESS: 1506 - 805 West Broadway
Vancouver, British Columbia V5K 1K1

DATE AND PLACE OF BIRTH: June 3, 1933, Vancouver, B.C.

EDUCATION: 1958 - Graduated University of Washington, D.C. - D.D.S.

PRACTICE: 1958-present - Private Practice in Vancouver
1982-present - Certified Specialist in Prosthodontics

EXPERIENCE: 1963-1965 - Director, Vancouver and District Dental Society
1963-1964 - Secretary, British Columbia Dental Association
1970-1972 - Part-time Instructor, Faculty of Dentistry, University of B.C.
1971-1974 - Treasurer, College of Dental Surgeons of B.C.
1976-1979 - Vice-President, College of Dental Surgeons of B.C.
1979-1981 - President, College of Dental Surgeons of B.C.
1979-1985 - Board of Governors, Canadian Dental Association
1982-1984 - Executive Council, Canadian Dental Association
1983 - Convention Chairman, Canadian Dental Association National Convention
1985 - Trustee - Canadian Fund for Dental Education

ORGANIZATIONS: Canadian Academy of Restorative Dentistry
American Academy of Gold Foil Operators
Vancouver & District Dental Society
Royal College of Dentists of Canada

OTHER: Study Clubs:
1959-present - Vancouver and District Crown and Bridge Study Club
1966-present - Walter K. Sproule Study Club

FAMILY: Married - daughter, 23 years old, son, 21 years old

HOBBIES AND INTERESTS: Skiing (snow and water), scuba diving

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Donald Cerdic Steeves

ADDRESS: 99 Brydges Street
Moncton, New Brunswick

DATE AND PLACE OF BIRTH: September 17, 1925, Quincy, Mass.

EDUCATION: 1942, Moncton High School, matriculation
1942-1944, Acadia University, Pre-Dental
1948, Dalhousie University, D.D.S.
University medallist

PRACTICE: 1948 - present, private practice, Moncton

EXPERIENCE: 1955, President, Moncton Dental Society,
1957, President, New Brunswick Dental Society,
1971-1976, Chief, Dental Staff, Moncton
Hospital
1979-1984, Dental Consultant, Maritime
Hospital Services (Blue Cross)

ORGANIZATIONS: Committees Chaired for the New Brunswick
Dental Association, 1965-1976:

CDA Convention Registration Committee
Discipline, By-Laws
Dental Health
Atlantic Provinces Dental Convention
Government Negotiating
Fluoridation Committee
New Brunswick Dental Examining Board

1964-69, Member, CDA, Cttee on Ins. & Invest.
1964, Fellow, International College of
Dentists
1984-1986, Chairman of the Board of
Directors, Royal Can. Flying Club Association
1985-1987, Member, Board of Director, Air
Transport Association of Canada
1980, President, Moncton Gyro Club

OTHER: 1965-1966, President, Beaver Curling Club
1966-1968, President, Moncton Flying Club

LECTURES: 1963, Exposure and Ligation of Impacted
Cusps, Atlantic Provinces Dental Convention
1966-67, 1968-69, Lectures to Dalhousie
Students on Insurance and Investment
1972, Placement, Carving and Finishing Amalgam
Restorations, Atlantic Provinces Dental Conv.
1984, Dalhousie University Outstanding Alumni
Award
1986, CDA Merit Award

APPENDIX IX

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: John M. Phillips

ADDRESS: 57 Simcoe Street S., Suite 2L
Oshawa, Ontario L1H 4G4

EDUCATION: King Street Public School and North Simcoe
Public School, Oshawa
Oshawa Collegiate and Vocational Institute
1952 - D.D.S. University of Toronto (Honours)
1965 - B.Sc.D. University of Toronto
Postgraduate Courses:
1954 Endodontics - University of Michigan
1955 Endodontics - University of Pennsylvania
1956 Endodontics - Ohio State University
1958-1970 - 1st, 2nd, 3rd Int. Conference
on Endodontics

PRACTICE: 1975 - present - Full-time practice in Oshawa

EXPERIENCE: 15 years on staff on Endodontic Department,
University of Toronto
1970-75 - 5 years Assistant Professor and
Chairman, Dept. of Endodontics, U. of Toronto
1970-75 - Responsible for undergraduate and
postgraduate endodontic education at
University Toronto
1978 - President, Can. Academy of Endodontics
1981-present - Executive Secretary, Canadian
Academy of Endodontics
1981-present - Represented Endodontics on CDA
on Dental Specialties Committee
1986 - Was awarded President's Award from
Canadian Academy of Endodontics
1987-88 - Represented Canada on International
Federation of Endodontic Associations

ORGANIZATIONS: American Association of Endodontics, Canadian
Academy of Endodontics, Geo C. Hare Endodontic
Study Club, P.G. Anderson Study Club, Chicago
Dental Society, Durham Ontario Dental Society,
Ontario Dental Association, Canadian Dental
Association, Toronto General Hospital - Staff
Endodontist, Ontario Society of Endodontists

OTHER: Research, publications and lectures

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Bruce L. Bowden

ADDRESS: Medical Care Commission, Elizabeth Towers,
Elizabeth Avenue, St. John's, Nfld. A1C 5J3

DATE AND PLACE OF
BIRTH: April 3, 1928, St. John's, Newfoundland

EDUCATION: Holloway School/Prince of Wales College
in St. John's, to Senior Matriculation
(Grade XII) in 1946.
B.Sc. - 1946-1950, Mount Allison/Dalhousie,
Chemistry/Physics
Dip. Ed. - 1950-1951, Memorial University
D.D.S. - 1953-1957, Dalhousie University

PRACTICE: 1988-present Nfld. Provincial Dental Director

EXPERIENCE: 1947-1949 - COTC - Royal Canadian Armoured
Corps, Mount Allison
1955-1959 - Royal Canadian Dental Corps,
Dalhousie
1951-1953 - Science Teacher, Chemistry/
Physics; Prince of Wales College, St. John's
1957-1987 - Practising Dentist, St. John's
Newfoundland Dental Association:
Executive Secretary, 1959-1963 and 1970-1972
CDA Journal Representative - 1962-1963
CDA Governor - 1964-1965
1st Vice-President - 1966-1967, 1974
2nd Vice-President - 1968, 1973
Treasurer - 1970, President - 1975
Chairman of Committees:
Continuing Education - 1959, Public Health
- 1959, Hospital Services - 1967 and 1976,
Public Relations - 1973-1974, Dental Services
- 1977, Select Cttee, Nfld. Dental School
1972-1974, Manpower - 1981-1983
Hospital Chief of Dental Staff:
Janeway - 1966-1969, Grace - 1970-1979
Newfoundland Dental Board:
Registrar - 1978-1988
NDEB Clinical Examiner - 1979-1981

ORGANIZATIONS: Canadian Dental Association, Newfoundland
Dental Board, Newfoundland Dental Association

FAMILY: Married - wife June, 3 children, Lois,
Hygienist, now a physician in Halifax,
Heather, Dentist in St. John's, Scott,
Electrical Engineer, now in final year
medicine.

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: George Francis Copithorne

ADDRESS: 310 - 255 W. 1st Street
North Vancouver, British Columbia
V7M 3G8

PRACTICE: Board of Directors, Canadian Dental
Service Plans Inc.
- Representing the College of Dental
Surgeons of British Columbia

EXPERIENCE: 1967 - Treasurer - Council of College
of Dental Surgeons of British Columbia
1967 - Investments Committee - Chairman
1969 - President - College of Dental
Surgeons of British Columbia
1969 - Clinical Examiner - Board of Examiners
1970 - Nominations Committee - Chairman
1971 - Building Committee
1976-1977 - Insurance Committee
1978-1988 - Insurance Committee - Chairman
1984 - Chairman - Ad Hoc Committee on
Per Diem Policy

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of British Columbia
Canadian Dental Service Plans Inc.

PUBLICATIONS COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. John Hardie, Chairman, Ottawa
Dr. Pierre Desautels, Montréal
Dr. Jack Stockton, Winnipeg
Mr. Jardine Neilson, Ottawa

Executive
Liaison: Dr. Bryun Sigfstead, Edmonton

Coordinator: Miss Linda Teteruck

1. Committee Meetings

Since the Interim Board of Governors meeting in March 1989, there has been one meeting of the Publications Committee on Friday, April 21, 1989.

ITEMS REQUIRING BOARD ACTION

2. Specialty Editors

RESOLVED:

APPENDIX I

89.61 THAT the list of Specialty Editors as recommended by each specialty group be accepted, and

THAT it be forwarded to the CDA President for his consideration and appointment.

ADOPTED

3. Consulting Editors

RESOLVED:

APPENDIX II

89.62 THAT the list of Consulting Editors as prepared by Dr. Crawford be forwarded to the CDA President for his consideration and appointment.

ADOPTED

4. CDA's Communication Strategy

Mr. Neilson explained the genesis, development and implementation of this strategy.

APPENDIX III

RESOLVED:

- 89.63 THAT the Publications Committee supports the activities and direction of CDA's comprehensive Communication Plan - A Strategic Framework, and encourages actioning its various recommendations.

ADOPTED

Board of Governors agrees and also supports the activities and direction of the comprehensive Communication Plan.

5. Communiqué and Journal

The Publications Committee debated the particular roles of these activities within the Communication Strategy.

RESOLVED:

- 89.64 THAT the Communiqué become a regular publication of the CDA focusing upon CDA related activities and membership news; and

THAT it be a membership benefit; and

THAT the Journal remain as the flagship publication focusing on the dental profession in Canada.

ADOPTED

6. Library Study

The Publications Committee reviewed the five year development plan for the CDA Library prepared by IDON Corporation. This involves the expenditure of \$147,000 over five years to create a fully automated and integrated resource centre.

APPENDIX IV

RESOLVED:

- 89.65 THAT CDA strongly endorse the recommendations of the Long-term Development Plan for CDA's Library, and recommends full endorsement and financial support of the proposal by the Canadian Dental Foundation.

ADOPTED

The Board of Governors appreciates and recognizes the professional contribution of Ms. Martha Vaughan to the development of the long term plan for the Library.

7. Mailing Lists

The Committee received a presentation on the sale of mailing lists from Mr. Cliff Goodman, President of Keith Health Care Communications. If conducted and controlled in a professional manner, this is both an ethical and profitable enterprise.

APPENDIX V

RESOLVED:

- 89.66 THAT the principle of the sale of mailing lists be endorsed by the CDA; and,

THAT the mechanism for implementation be arranged by CDA staff in cooperation with Keith Health Care.

TABLED

RESOLVED:

- 89.67 THAT a mechanism to withhold one's name from the mailing list be established, in consultation with the corporate body, and

THAT the matter be reviewed at the 1990 Interim Meeting of the Board of Governors.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

8. Journal Masthead

This will be altered to include the CDA's Mission Statement, a general and advertising disclaimer, specialty and contributing editors as well as the names and positions on the existing masthead.

9. Advertising

Mr. Cliff Goodman, President of Keith Health Care Communications, and Ms. Marg Churchill were introduced to the Committee.

(i) General Advertising

The general feeling was that the Journal should continue to capitalize on its position as a significant health care publication. Revenues for 1989 show an 11% increase over 1988 particularly due to increased sales of four colour advertisements.

(ii) French Advertisements

To insert French only advertisements into the French edition of the Journal remains a cost prohibitive proposal. However, the economics regarding this will be monitored.

(iii) Classified Advertising

In recent months, this has demonstrated a healthy 30% increase over previous periods. As staff resources allow, this area will be approached with increased aggressiveness.

10. Editor's Report

The editor recognized that certain factors especially the move to in-house layout had affected the delivery time of the Journal. In 1990, the Journal should be in offices by mid-month. The report included a schedule of publications for the next year with budget projections which do not reveal a break-even position in the foreseeable future.

11. Scientific Editors' Reports

Dr. Turnbull indicated that a healthy backlog of acceptable articles exists. This amounts to a delay of about a year beyond which authors complain. An effort is being made to balance three or four scientific articles with ones more concerned with clinical dentistry. He has established a good and effective working relationship with Dr. Crawford.

Dr. Desautels reported that approximately eight French articles will continue to be published per year.

12. Chairman's Remarks

This report is a brief review of what was a most productive meeting. The Chairman wishes to express his appreciation to the committee members and CDA Headquarters staff for their cooperation, assistance and endeavours.

Respectfully submitted,

J. Hardie, B.D.S., M.Sc., F.R.C.D.(C.)
Chairman, Publications Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Publications Committee with appreciation.

APPENDIX I

THE PROPOSED LIST OF SPECIALTY EDITORS

Dr. Ralph Crawford, the Editor of the Journal, met with the Dental Specialties Committee on January 6th to discuss the role of the Specialty Editors. Since this meeting, each of the specialty groups has nominated a member of its organization to the role of Specialty Editor. The names below are recommended by the Publications Committee for appointment by the President.

Endodontics	Dr. William Christie, Winnipeg
Oral & Maxillo-facial Surgery	Dr. David Precious, Halifax
Oral Pathology	Dr. James Main, Toronto
Orthodontics	Dr. Edward Yen, Winnipeg
Paedodontics	Dr. Victor Legault, Montreal
Periodontics	Dr. James Stakiw, London
Prosthodontics	Dr. Michael MacEntee, Vancouver
Public Health	Dr. Donald Lewis, Toronto
Radiology	Dr. Colin Price, Vancouver

APPENDIX II
PUBLICATIONS COMMITTEE REPORT

CONSULTING EDITORS

Anesthesiology
Dr. Earl Young, Toronto

Dental Materials
Dr. Peter T. Williams, Winnipeg

Forensic Dentistry
Dr. Robert Dorion, Montreal

Infection Control
Dr. John Hardie, Ottawa

Nutrition
Mrs. Nina Burgess, Toronto

Pharmacology
Dr. David M. Paton, Edmonton

Practice Management
Dr. Robert Brandon, London

Geriatric Dentistry
Dr. Rita Hurley, Montreal

Canadian Dental Assistants' Association
Ms. Elaine Wesley, Lethbridge

Canadian Dental Hygienists' Association
Mrs. Carol Worobey, Ottawa

THE CANADIAN DENTAL ASSOCIATION'S
COMPREHENSIVE COMMUNICATION PLAN
A STRATEGIC FRAMEWORK

**PREPARED FOR
CDA EXECUTIVE COUNCIL**

CONFIDENTIAL

INTRODUCTION

Executive Council has determined that the health and well being of the CDA depends, in large part, on better communication. At Executive Council's request, a strategic framework for an overall Association communications plan has been prepared for Jardine Neilson with input from staff and the assistance of consulting services. The framework establishes a context within which CDA can come to terms with the realities, issues and challenges inherent in developing an appropriate plan. It provides recommendations for:

- communication objectives consistent with CDA's mandate
- strategies and corresponding programming lines to reach these objectives
- immediate action to improve member communication in 1989
- a planning process for the development in 1989 of an overall CDA communications plan, for presentation to the CDA Board of Governors and implementation in 1990.

In short, this strategic framework will put Executive Council in the position to address CDA's communication needs in a tempered, analytic manner and to establish a rational plan of action.

CDA COMMUNICATIONS NOW: A SITUATIONAL ANALYSIS

To be successful, CDA must develop and maintain effective working relationships with a wide range of "publics": members of the Board, Councils and Committees, Corporate members, the dentists of Canada, the federal government, business and industry, the broad Canadian public, the media and volunteer organizations such as CFDE, and other dental organizations such as, CDHA and CDAA.

These relationships depend on the effectiveness of CDA's communications efforts. Communication, then, is not simply an activity of the Association, it is its essential business, representing as much as 85% of all CDA's work commitments.

As the CDA has expanded its agenda and increased its commitment to a number of priority issues and concerns, there have been increasing demands placed on CDA's communications resources: processes, vehicles, staff and finances. By and large, CDA has responded to these increased demands over the last three or four years, achieving some significant results in the process, including:

- improved and effective working relationships with key federal government departments — Revenue Canada, Health and Welfare Canada
- dramatically increased media coverage for CDA and oral health
- demonstrated leadership in response to major public health issues such as AIDS and smoking
- effective collaborations with dental product companies that have attracted \$ 3 million+ to Dental Awareness Program activities
- acknowledgement by the Minister of Health and Welfare of CDA's leadership and innovation in health promotion through DAP
- increased utilization of CDA patient and public education materials by the profession
- significant shifts in public attitudes, knowledge and behaviour — including frequency of dental visits as a result of DAP

A highly successful 1988 convention, combined with additions to staff and changes in approach, auger well for future conventions. Projects in the works with great promise include the computerization of the library and increased direct access to its data for all members, and a CDA program in conjunction with the insurance industry that will transform the processing of claims and payments. There's little question: CDA is taking gigantic strides forward in terms of its communications. At the same time, the Association has maintained a demanding process of communication with Management Committee, Executive Council, the Board, CDA Councils and Committees and Corporate members.

None of this is to say that the current focus on improving CDA communication is unnecessary. Nor that all we require is a newsletter here, a little money there and some minimal tinkering over there. Our communications efforts are not without some significant flaws, problems and short-comings. We need to identify them and correct them. Indeed, that is the focus and the purpose of this exercise.

The point to keep in mind is this: CDA has considerable experience in communication and a track record, in recent years, of achievements that should not be overlooked.

Further, CDA enjoys the commitment and the active involvement of its staff in this effort to improve the overall communication effort. A survey of senior staff conducted to assist in the preparation of this framework indicates a clear consensus on the priority for improving communication. Improvements should be made. They can be achieved. Staff are eager to lend their support.

Membership: The Communications Bottom Line

Of all CDA's publics none is more important than the dentists of Canada. The ability of CDA to fulfil its mandate depends on their support, involvement and financial commitment in the form of membership dues. Even as CDA moves to expand revenue-generating activities in non-dues areas, the fact remains that membership will remain the principal form of revenue. Further, if CDA is to continue to work effectively, there will be an ongoing need to generate increased membership fee revenue — through fee increases and through expanded membership in the association.

For all the communications demands the CDA must meet, the ultimate measure of success lies in the membership numbers: How many dentists have renewed. How many new members have joined. How much money has membership generated. Current membership trends and the spectre of a major change in the status quo in the mandatory provinces put these questions in a new context.

As of 1988, approximately 70 % of all practicing dentists and virtually all students of dentistry were CDA members. In Ontario and Québec, where membership is voluntary, only about 55% of dentists maintained a membership. While there have been fluctuations in the membership levels in both provinces over the last few years, CDA has been unable to maintain desirable membership levels in either province. The 1987 Kline study of Ontario dentists revealed that while virtually all dentistry students are CDA members, newly graduating dentists show less and less inclination to maintain their membership once they set up practice.

It is sobering to recognize that, when given the choice, a significant number of dentists decide not to join CDA, because they don't see the cost as worth the benefits. The situation is not critical at present. However, it does illuminate some of the challenges CDA will face in the future, should provincial governments in other provinces act to separate licensing bodies from professional associations. In any province where CDA membership becomes voluntary, dentists may well choose not to maintain CDA membership in proportions comparable to present levels in Ontario and Québec. The result would be a significant — and sudden — drop in membership and a consequent strain on CDA resources and operations.

The situation provides strong motivation for CDA action:

- reinforce the value of membership to current members
- develop and implement better strategies to maintain and sustain membership of young dentists (first 5 years)
- develop and implement more effective means of recruiting non-members

Building On Strength

Improved communication is the key to attracting and and keeping members. Better member-directed communication can accomplish a great deal: make dentists more aware of CDA's work on their behalf, educate dentists to the many goods and services CDA offers, and motivate continued membership in the Association.

This is not to say, however, that membership marketing should be the only issue or the only focus of CDA's overall communications plan. CDA cannot give short shrift to improved communication with all its publics. It is axiomatic that by fulfilling its mandate CDA will earn the recognition it deserves among its membership. That mandate includes improving the self-image and the public image of dentistry, dental health promotion, and government and media relations.

This framework stands on the strong foundation CDA has laid in recent years of quality programs, services and leadership, and on the strength of staff's commitment to the overall enterprise.

Unquestionably, we have some immediate needs in the membership communication area. Some are already being addressed: the re-launch of a regular *Communiqué* in January; continuing efforts to improve the *Journal*; and plans for a new membership booth for conventions and an Annual Report. But these actions, important as they are, are not enough. We have to stand back and take a broader perspective. It tells us that we need:

New Perspectives

Placing higher priority on CDA communications is the first step. Looking within, at the communications processes, programs and products is invaluable. We cannot stop there, however. It is essential that we focus ourselves on our target publics: that we gain a better understanding of their perceptions, their needs, interests and concerns.

The Kline study is a valuable source of intelligence on dentistry in Ontario. The Gallup polls help us understand public attitudes, perceptions and behaviour. CDA's *Journal* readership study should be carefully re-examined. Appropriate research of dental students and of practicing dentists (member and non-member alike) should be undertaken. Periodic monitoring will enable us to better evaluate the effectiveness of our efforts.

A New Orientation

Communication is everyone's business at CDA. As things stand it is also everyone's activity. Unfortunately, however, the efficiency and effectiveness of all our communications efforts are less than optimal. Making communications the driving principle of CDA's work, linked directly to our mission, generates

- the recognition that communication is of primary importance
- the demand for an improved communication process
- the requirement that quality be improved

New Strategies

All of CDA's publics are currently the focus of communication activity. Some communications efforts need to be enhanced. Others need to be expanded. Still others need to be consolidated and better coordinated. All this must be done within the context of the overall CDA plan, a plan that sets direction for all departments, that provides a unifying context for all activities.

New Resources

The systematic improvement of CDA's overall communications effort cannot be achieved by simply shuffling existing resources. Certain of the necessary improvements can be achieved through the introduction of new concepts, structures and processes. Ultimately, however, if communications is to take on greater importance, additional resources will be required:

- more staff with proven abilities relevant to priority communications activities
- more equipment, primarily computerization of communication
- more money to fund expanded and/or new activities.

The scope of the additional resources required and the timetable for their introduction would form part of the development of a comprehensive plan.

A New Image

In the world of communication, perception is reality. In other words, how our publics perceive CDA is the single most significant factor in determining the Association's ability to win members and influence people.

At present, we are operating without the benefit of a strong and dynamic image. Our graphic identity, to the extent that we have one, is tired and old-fashioned. Our communications products — letters, newsletters, information kits, displays, pamphlets and the like — are uncoordinated.

To the extent that we are successful in improving our communications efforts, we will contribute to improved perceptions of our work and of the value of the Association. But that's only part of the process. It isn't just what we say that counts; it is also the vehicles through which we deliver our messages. To maximize impact there should be an integrated CDA look — one that is consistently and systematically applied to all our communications efforts. The time has come for the development of an identity program that will ensure all CDA communications vehicles are working to maximum advantage.

CDA PRIORITY PUBLICS: AN INVENTORY

As indicated above, CDA must develop and sustain effective relationships with a large and varied list of groups. Traditionally, these groups have been the focus of specific programs and activities of CDA. This inventory of priority publics serves as the first step in considering all these groups in the context of CDA's overall communications efforts:

Internal

- Dentists in Canada:
 - Provincial corporate members
 - current members
 - + students
 - + voluntary provinces
 - non-members
- CDA Board
- CDA Executive
- CDA Councils and Committees

External

- Media: National, Regional and Community
- Dental Infrastructure: CFDE, Speciality Organizations, CDHA, CDA
- Business and Industry:
 - consumer dental products and services
 - professional products and services
 - third party
- Government
 - Health and Welfare
 - Revenue Canada
 - Indian Affairs
 - Consumer and Corporate Affairs
 - CIDA
 - Employment and Immigration
 - Tourism Canada

With the notable exceptions of organized dentistry, where we have either reliable anecdotal information and/or direct personal experience, and the public 18+, about whom we know a great deal as a result of our Gallup poll, our perspective on the attitudes, needs, wants and inclinations of these publics is extremely limited at this point. Before we lock our final program plan in place, it is advisable that we identify priorities for research as a means of gaining more reliable, objective and comprehensive understanding of priority publics. Such research also will provide baselines against which future progress can be measured.

POSITIONING CDA: KEY CONCEPTS

Given our many publics and their many and varied communications requirements, CDA will of necessity continue to disseminate messages through a plethora of communication channels.

This fact notwithstanding, to reach our goals it is essential that CDA communications have integrity — that whatever the particular demands, CDA communication be consistently and coherently working to propagate fundamental concepts. In other words, that all CDA communication demonstrates and reinforces the image that the Association believes its publics should hold of the CDA.

The marketing profession treats this as a question of positioning: of defining and then effectively promoting the special characteristics of an organization. At the developmental stage, positioning is a form of "wishful thinking": determining how CDA wishes to be seen. At the operational level, it means investing all communications activity with the appropriate characteristics, and reaping the benefits in the form of increased power and influence with the target groups.

The following articulates the perceptions that CDA communications should nurture within the dental community and among external publics.

Within the dental community, CDA should be positioned as:

- **attentive:** to the wants, needs and concerns of corporate and individual members
- **responsive:** to inquiries and to priority issues
- **proactive:** assuming a national leadership role within the dental community and on its behalf; demonstrating vision in action
- **supportive:** of the needs of the profession through the provision of resources and through activities to assist members achieve their professional goals
- **well-managed:** guided by clear objectives and results-oriented; on a sound financial footing.

For its external publics, CDA should be positioned as:

- **responsible:** committed to serving societal needs in relation to oral health and dental services
- **principled:** holding the public good as paramount; not self-interested
- **authoritative:** the voice of dentistry; the source of credible, accurate information.

To the extent to which CDA is able to embed these core concepts in all communication, it will enhance its ability to attract and retain members. And act effectively on dentistry's behalf on a national level.

COMMUNICATIONS BY OBJECTIVES

The objectives articulated below define the proposed foci of the CDA overall communications program over the next five years.

It is premature, at this stage, to determine the ideal mix of strategies and the programs required to support them. There are, however, readily identifiable strategy directions and a range of appropriate tactics that would support them. These are presented, objective by objective.

Objectives

1. *To increase awareness and understanding of CDA's role, activities and achievements among Canadian dentists and dental students*
2. *To achieve and maintain sufficient levels of CDA membership*
3. *To increase revenue from the sale of CDA goods and services*
4. *To increase and sustain recognition among government, industry and media of CDA's unequivocal authority and national leadership in matters relating to dental health and dentistry in Canada*
5. *To increase and sustain dental awareness, knowledge and appropriate behaviour among the Canadian public with particular emphasis on the essential health care role of the dental profession, and the appropriate utilization of dental services*
6. *To promote an image of CDA to all priority publics supportive of its mandate and reflective of its progressive, results-oriented and strategically-integrated programs and activities*

*Objective 1: awareness of CDA
among Canadian dentists and
dental students*

Strategy: Revitalize and sustain an aggressive, integrated publications program to showcase CDA programs, activities, achievements and services to dentists and selected other publics

Committed 1989:

- re-institute a regular *Communiqué*-type newsletter for members only, devoted to timely reporting of CDA news, views, services and achievements
- further refine the editorial format and design of the *Journal* to function most effectively within the context of the overall publications program as a service to dentistry
- institute an "Annual Report" emphasizing CDA achievements, on-going activities and their objectives, to dentistry, government and the media

Proposed 1990:

- increase frequency of *Communiqué* from 6 to 10 issues/year
- plan for a fixed number of President's letters, to be programmed on an ad hoc basis, according to a clear set of guidelines

Objective 2: to achieve and maintain CDA membership

Strategy: Develop an expanded and integrated membership marketing campaign with particular emphasis on dental students and younger dentists in Ontario and Québec:

Committed 1989:

- revamp the CDA membership booth to attract dentists at conventions and to create interaction promoting and reinforcing the value of CDA membership

Proposed 1989:

- compliment the Kline report with research in the Québec membership sector and, if possible, with research in mandatory provinces, in particular those where voluntary CDA membership appears most imminent

Proposed 1990:

- create effective presentations and A/V support for CDA spokespersons at dental meetings and students' nights; provide training to ensure quality
- create an integrated, strategically timed and placed advertising/solicitation campaign, including improved direct mail, *Journal* advertising, President's columns and other material for use in CDA publications and for placement in provincial Association periodicals
- develop and pilot innovative promotions targeted to local dental societies; implement proven programming broadly in voluntary provinces

**Objective 3: to increase sales of
CDA goods and services**

**Strategy: Develop and
implement an aggressive,
targeted marketing
program:**

Proposed 1990:

- improve CDA's customer data base, data gathering and analysis capabilities
- support new materials with advertising in all publications of organized dentistry, direct mail and the aggressive distribution of CDA catalogues
- develop pricing structures to facilitate purchase for related groups and organizations such as public health units, schools, hospitals, physicians, hygienists
- test sampling programs as a means of increasing product/service awareness and sales

Objective 4: to increase and sustain recognition among government, industry and media of CDA

Strategy: Assume a proactive leadership role with national media through expanded media relations programming:

Proposed 1990:

- institute an on-going issue/opportunity identification process, supported by resources to develop and undertake at least three additional media relations initiatives per year
- improve CDA media response capabilities, including a regularly up-dated briefing book, trained spokespeople and an issue/crisis management protocol

Strategy: Facilitate improved working relationships supportive of CDA priorities and programs directed at government, national organizations:

Committed 1989:

- host special events to provide fora for open dialogue with key groups and individuals

Proposed 1990:

- ensure that CDA representatives are properly oriented and trained to address and/or participate in meetings with key groups and representatives
- create and program vehicles such as regular memos to business and industry, government departments and agencies, and other relevant dental organizations to ensure they are kept informed of CDA developments and activities

Objective 5: to increase and sustain dental awareness and use of dental services among the Canadian public

Strategy: Sustain high public profile for dental health, dentistry and CDA to motivate preventive practices, including the timely use of dental services:

Committed 1989:

- continue to refine DAP and DHM programs
- facilitate greater cooperation and collaboration between CDA and provincial Associations in this programming
- develop and promote a new CDA pamphlet program to replace old materials

Objective 6: to promote a new image of CDA to all priority publics

Strategy: Re-position CDA through the creation and disciplined application of a new visual identity and graphics system:

Proposed 1989:

- develop a new, contemporary graphic identity with the potential to serve CDA for at least ten years
- develop a comprehensive graphics system that integrates all CDA's communication vehicles and provides prescriptive, workable parameters for future communication products

Proposed 1990:

- apply the new system to the all stationery, business forms, publications, displays.

MEASURING SUCCESS

It is essential that CDA communications programming be supported by accurate and timely research; and that the Association's programming be evaluated ,at appropriate intervals, to determine its effectiveness and to identify needs for changes or refinements.

With the exception of the DAP Gallup polls, a readership survey of the *CDA Journal*, and the Kline Ontario study, the Association does not have a base of reliable data. In considering an expanded communications program, CDA should also establish an appropriate research plan and timetable. The following provides a preliminary outline of research activities:

Proposed 1989:

- qualitative and quantitative research of dental students and dentists with particular emphasis on Québec
- trend analysis of sales/profit figures for CDA goods and services (and annual goal setting)
- development of an overall CDA research and evaluation program, schedule and budget

Proposed 1990:

- Media tracking, trend and issue analysis program
- Expanded public opinion polling, building on and integrating with DAP
- Introduction of polling of the dental profession

AN ACTION PLAN: THE 1989 AGENDA

The foregoing provides a framework within which Executive Council can review the following, a proposed agenda for immediate action and for the development of a comprehensive CDA communication plan.

There is already consensus among Executive that the pressing issue is improved and expanded members communication. Additional funds have been allocated to support it in 1989. Significant activity has already taken place:

- A *Communiqué* was published and distributed in the first week of January. Feedback to date has been extremely positive.
- A second 1989 *Communiqué* is in the late stages of editorial development.
- Four more issues are scheduled for the balance of the year.
- The need for a 1989 "Annual Report" has been clearly identified. Logistics, costing and other matters are being considered by the Communications department.
- The Membership Committee has solicited proposals for the development of a new membership booth plan and program intended to increase members visits and involvement. The booth is targeted for launch at the 1989 CDA convention.

In short, CDA communication has "hit the ground running" this year. These new developments add significantly to CDA's established communications programs.

Time and Money

Executive has earmarked an additional \$ 50,000 to the 1989 budget. The 1990 budget is currently in development. The following provides a budget timetable for the expenditures of monies on communications activities identified above:

1989

ITEM	COST ESTIMATE
• <i>Communiqué</i> to 6/year	\$ 5,000
• Development of new ID and graphics system	20,000
• Research: dentistry	15,000
• Annual Report	10,000
	\$ 50,000

1990: New monies, not currently in 1990 budget*

• Expand Membership marketing	\$ 35,000
• Expand goods/services marketing	20,000
• Expand Media/Public Relations	20,000
• Additional communications staff	150,000**
• Research	15,000
	<u>\$ 240,000</u>

* 1990 budget already includes funding for 10 *Communiqués*, an Annual Report, and other special publications. A special projects fund (\$25,000) has yet to be assigned.

** Assumes addition of:

2 managers (media and public relations, and marketing/membership): $\$40,000 \times 2$	\$ 80,000
Support staff (3: writer, admin., clerical):	70,000
	\$150,000

Meeting Our Real Needs

Improved CDA communication requires that CDA address the Association's real needs for a new perspective, a new orientation, new resources, strategies and imagery. This strategic framework takes us a major step forward, but there is still some distance to go before we have a comprehensive plan, with detailed rationales for programming and budget estimates.

Given the recognition of the the role communication is to play in CDA's future, it appears essential that we move forward to develop this framework into a plan suitable for presentation and review by Executive and ultimately the CDA Board at the Annual Meeting. The following is a tight but manageable timetable:

- **January 27:** Executive Council review of Framework and approval to proceed with further plan development
Rationalization with 1990 Budget process
- **February - April:** Commencement of Development process: research design, communications audit, market research
- **April Board:** Interim highlights presentation on research findings
- **June Executive Council:** Presentation and review of comprehensive plan
- **Fall Board:** Final presentation and review.
- **October - December:** If approved by Board, preliminary development: imagery, resources, planning
- **January 1990:** **Implementation**

**The Long-Term Development Plan
for
CDA's Library**

Submitted

to

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Librarian
Canadian Dental Association
Ottawa

by

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16 March 1989

F: A-172

Executive Summary

We have examined CDA's library and found it a strong, dynamic, effective, efficient, and well-staffed operation.

As a result of discussions with CDA staff and members, and of our own experience, we have created and are recommending a multi-year plan which has three major components involving

- ◊ five new marketing activities:
 - Presentations at Conferences
 - Special Items in The Communiqué
 - Special Pages in the Journal
 - Focussed Ads
 - Focussed Mailings;
- ◊ five new services:
 - Videocassettes
 - Extended Service
 - Electronic Ordering
 - Archives
 - National Resource Centre;
- ◊ five automation projects:
 - Billings
 - User DataBase
 - Periodical Handling
 - Card Catalogue
 - Integration.

We have costed these recommendations and we are proposing a staged five-year implementation schedule. The projected total five-year cost is \$147,900. The projected average annual cost is \$29,580. Over the five-year period the actual annual costs vary from \$16,000 to \$39,000. In year six, after this plan has been fully implemented, the operating cost is \$18,450. The projected total five-year cost of implementing each component is

- \$18,500 for the five new marketing activities;
- \$68,800 for the six new services;
- \$60,600 for the five automation projects.

This development plan assumes an evolutionary approach. It permits CDA administration to establish and change the order and speed of implementation, with no negative impact on the longer term objective - to provide more and better service to more CDA members.

The Long-Term Development Plan for CDA's Library

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Preface

The objectives of this development plan are

- ◊ to stimulate more CDA members to use the library's services, and
- ◊ to make the library more efficient.

It is recommended that the first objective be accomplished by having the library market its services and by having the library add new services, while the second objective be accomplished by automating some of the library's processes (by developing computer-assisted services and integrating them).

The heart of this report is Chapter Four which lists the major recommendations in summary form, outlines the implementation plan, the schedule, and the costs of these recommendations.

The Introduction describes existing services and how they are being strengthened in the current year. Chapters One, Two and Three describe in some detail the components of the recommended multi-year development plan and the rationale for including them.

This Report is based on many meetings and telephone conversations, and on several previous reports*.

This work has been assisted, supported, and guided by Martha Vaughan, CDA's librarian. IDON appreciates the co-operation and support received from Martha Vaughan and many other members of CDA's community.

* A Preliminary Interim Report was submitted in December, while Preliminary Final Recommendations were submitted early in January, the Draft Final Report was submitted late in January, and the Final Report was submitted in mid-February. This is an extensively revised version of the mid-February Report.

Introduction

Most of the staff's time is spent delivering the library's five prime services:

1 "Medline"

Responding to users' requests library staff search an online medical database to find articles on specific subjects, and then library staff obtain or make photocopies of the articles and mail them to users.

2 "SDI"

This is a monthly current awareness bibliography. Those topics of interest to an individual are stored on MEDLINE and when an article is published on the appropriate subject the reference is automatically sent to the requester. The library will also provide photocopies of articles resulting from this search method.

3 "Current Contents"

Once a month library staff photocopy the contents pages of selected periodicals and then mail them to users of this service. Titles of articles of interest are highlighted and returned to the library where appropriate photocopies are made of the articles for the user.

4 "Package Libraries"

Each month library staff produce for the Journal a one-page list of current articles on a specific subject. Upon request the library staff make copies of all the articles and mail them to users.

5 "General Reference"

Staff provides general and varied library support to many different kinds of users, including dentists, students, head-quarters staff, members of other associations, researchers, public servants, and the occasional member of the public.

Delivering these five services takes approximately three-quarters of the staff's time. The other quarter is spent on support activities, such as: selecting, acquiring, and cataloguing books;

processing periodicals; producing and filing cards in catalogues; processing invoices and handling accounts; managing, administering, planning, and continuing education.

As the result of our discussions and other influences the library is planning, in this current year

- to strengthen its reference collection;
- to increase its periodical holdings;
- to access other online databases;
- to revise its method of compiling and presenting statistics.

I support all these activities. Such work will strengthen the library in general and better prepare it for the new activities, services, and projects being proposed in the following multi-year plan.

1. New Marketing Activities

Currently the library does no marketing* and as a result 90% of members do not use library services. There is agreement that the library is a valuable membership service which needs to market more, needs to get more specific and relevant information to users and potential users. Approaching members more dynamically about the library service will not only increase awareness of the service but also will increase use of the service, and should increase the actual number of users of the service.

There are different kinds of marketing - to promote image, to increase recognition, and to promote use. In the following recommendation these different kind of marketing activities are taken into consideration.

- 1 Presentations at Conferences
- 2 Special Items in The Communiqué
- 3 Special Pages in the Journal
- 4 Focussed Ads
- 5 Focussed Mailings

1.1 Presentations at Conferences

Every year there are approximately a dozen conventions for dentists across the country. The largest annual conventions are hosted by the Canadian Dental Association, the Ontario Dental Association, and L'Ordre des Dentistes du Québec.

It is recommended that CDA's librarian arrange with the conference organizers to make presentations at three conferences per year. In some cases the presentation will be incorporated in a larger session, in other cases the librarian's presentation will be a session on its own. In addition to describing existing services the librarian can use a computer to access databases to show the benefits of such services. Some sessions could include a panel of users who reveal how they use and benefit from the library's

* although it does modestly advertise its services in the Journal.

services. Other sessions could include non-users who explain how they operate without the library's services.

The librarian could also organize sessions which incorporate presentations from dental software providers and panels of users which provide a dentist's perspective on such software. This could be quite educational to those dentists contemplating automating their practices.

The size of the audience at such presentations will provide the first level of evaluation of the effectiveness of this marketing activity. If no more than a few dentists ever come to the first five or so presentations then this activity can be discontinued (at no great expense). Since all library services involve obtaining the name of the user, and since the library has a record of its current users the library can easily determine if, after presentations at conferences, new users appear. This provides the second and most revealing level of evaluation of this service. If no (or very few) new users result then this activity can be easily discontinued. On the other hand it is expected that this activity, in conjunction with some of the other recommendations, will result in more users.

1.2 Special Items in The Communiqué

The Communiqué is a new, short publication which goes to all members. It receives at least glancing attention from most of CDA's members.

It is recommended that the library have a short item in The Communiqué (whether regularly or periodically can be negotiated with the editor). Library staff can easily prepare short timely items, such as announcements of

- new services, such as
 - extended hours,
 - introduction of answering machine
 - loaning of videocassettes
- titles of new periodicals added to the collection
- bibliographical information about new circulating books added to the collection

- names and short relevant descriptions of new databases being accessed
- changes in fee structure
- titles and short description of new reference tools added to the collection.

When the item lists specific services or specific titles then evaluation will be relatively easy. When the item is of a general nature then evaluation will be, relatively speaking, impossible. But given the low cost of production and distribution even general items can have an impact, giving presence and image. Both of which are crucial for increased use.

1.3 Special Pages in the Journal

At this time the library has one page in every issue of the Journal. Such a page is the basis for the existing service known as 'package libraries'. This is a well used and much appreciated service.

It is recommended that the library negotiate a second page in the Journal (whether regularly or periodically can be negotiated with the editor, probably every second or third month initially). It will take some experiments to discover how to best use this second page. For instance, this extra space could be used

- to present several case studies, showing how dentists in different environments use the different library services;
- to present several case studies of how library staff track down requested information;
- to provide information about how different kinds of software are being used in dentists' offices.
- to give users actual statistics on the use of the different services.

The second page could also be used to cover some very specific topic of current interest to dentists. It is possible that the two pages could be used for one article. This dropping of the 'package library' page for one issue might draw some reaction - whether positive or negative it would be feedback. When this second page is quite

specific it will be easy to evaluate its effectiveness, if this second page is quite general then it will be almost impossible to evaluate directly the effectiveness of this marketing activity.

1.4 Focussed Ads

Dentists are bombarded with print media. Dentists have developed skills (sophisticated and otherwise) to deal with this deluge. It is accepted that good ads are effective, at least in creating image and increasing profile (if not always in promoting use).

It is recommended that the CDA contract its ad agency for the creation of one or two ads aimed at marketing the library and its services. The ad agency can recommend the type of ad and its most effective placement. It is expected that each ad will be used several times. Depending on the type of ad placed evaluation will be easy or difficult. The ad agency can advise on this aspect as well.

1.5 Focussed Mailings

CDA's 15,000 members can be classified into different kinds of 'communities' according to their language, location, skills, types of practises, and interests.

It is recommended that the library identify communities of interest then design a focussed mailing for that community. After the library analyses who currently uses its services it will be able to identify 'communities' which use its services less. It is to these 'communities' initially that the focussed mailings should go. With adequate planning and market analysis it will be possible to orient mailings. For example, for the purposes of this exercise the library may divide the country into several different "communities", one for English-speaking, the other for French-speaking, along the following lines:

- large urban centres, with dental teaching institutions the library;
- large urban centres, without dental teaching institutions;
- medium-sized centres;

- small centres.

To dentists in each of these special location-based communities the library could send special medline examples of work done for dentists in each of these four groups. A 'package library' could even be created for dentists in each of these communities and sent to them, identifying material of specific value to them.

Another way to identify (cross-Canada) communities of interest would be to identify dentists serving specific clientele, such as those in hospitals, those in seniors residences, natives, etc. For these communities of interest the library would create, for example special bibliographies and mail them directly to these dentists.

Another way to identify (cross-Canada) communities of interest would be to identify those dentists with computers, those who teach, those involved in research, those who serve on committees. The library could prepare special bibliographies, special medline examples. The library could also develop and advertise specific general reference services needed by these communities.

The number of different mailings and the actual number of mailings can, when necessary, be determined by the budget. Since these will be focussed mailings it will be relatively easy to evaluate their effectiveness.

2. New Services

In our discussions with library staff and with CDA members we have solicited suggestions for new services, and we have tested suggestions for new services. The following five new services are recommended

- 1 Videocassettes
- 2 Extended Service
- 3 Electronic Ordering
- 4 Archives
- 5 National Resource Centre

2.1 Videocassettes

There is agreement that there is dentistry-related material on videocassettes, even though everyone recognizes that it will take some effort to uncover. There is agreement that some dentists would use this medium as a learning tool.

It is recommended that the library develop a service to loan videocassettes.

This will involve discovering where existing videocassettes are, evaluating them, purchasing some, cataloguing them, making lists and descriptive notes of them, and then notifying potential users of their existence (perhaps through focussed mailings or special notes in The Communiqué) and loaning them when requested. The library will need to purchase a videocassette viewer. The marketing of this new service and the response will provide very fast and reliable feedback as to the need for this service.

2.2 Extended Service

Currently the library is located on the second floor and is open ordinary business hours. It is possible that the library will be moved to the ground floor. After that happens the library will have more space, and be more easily available to users.

It is recommended that the library experiment with extended hours in order to give members more time to make use of existing services. This applies as well to National Capital region dentists

who may make personal use of the library as well as to dentists from outside Ottawa, especially to those dentists in Western Canada who may access the library via the phone later in their day. When the library is closed the answering machine provides a way to leave messages.

The library could do a survey first, but probably the easiest way to go is just to open and tell everyone and see what happens. The money used for additional part-time staff will not be wasted even if few extra users turn up since extra work can be left for these part-time staff to do (filing cards, etc). Evaluation will be self-evident. Either there will be additional use, or not. Action, one way or the other, will be easy to take.

2.3 Electronic Ordering

Electronic ordering refers to a process which permits users with computers to dial directly, via a network, into another computer and leave an order/request. Such a service could also offer a type of electronic mail and an electronic notice board.

At this time few dentists have computers. In the future more dentists will be using computers especially since a committee of CDA is looking at the possibility of using computers and modems and telephone lines to fill out and communicate electronic forms. If that alternative is implemented then it is expected that the dental profession will become computer literate relatively quickly.

There are two ways to handle electronic ordering. The library can dedicate a computer to the service, or the library can use a commercial service*. The first involves higher up-front costs and lower operating costs, while the second has low up-front costs and much higher operating costs.

There were strong statements that the library should do something for dentists with computer and modems - what specifically was never made clear but the overall philosophy behind such comments was clear: the information age is upon us; more and

* Envoy™ is an existing computer-based electronic mail service built by the telephone companies on their digital network system which can be used for electronic ordering.

more electronic tools and electronic databases will be used; the library, which is already involved with accessing distant electronic databases, should be at the forefront. Whether this involves Envoy, or iNet™, or some other service is not so much the point as is the desire that the library should be involved and be a leader, in whatever happens in this area.

Thus it is recommended that the library monitor this issue and introduce electronic ordering when appropriate. It is suggested that the library consider either carrying out a survey, in a focussed mailing, or in The Communiqué, or calling a meeting at a conference to discuss the issue. This initiative would give the library profile and should uncover the community of interest.

2.4 Archives

With 15,000 professional members and a national health care mandate the Canadian Dental Association is an important Canadian organization. Its members, executive, committees, and staff make a significant contribution to the health of the nation.

In order to honour its mandate and to manage effectively its day-to-day operations CDA generates all kinds of files, records, minutes, and reports. In order to maintain its corporate and cultural memory CDA has an obligation to itself, to its members, and to the nation to keep and maintain its records in a good and proper order over time.

All organizations have their own type of records management. Generally speaking young organizations handle their records informally, just trying to ensure that everything gets put in a file, somewhere. Generally speaking young organizations pay little attention to their files. However, every once in a while in a young organization a senior manager gets upset because a file cannot be found. Then there is a temporary flurry, but soon everything returns to normal. Sooner or later, however, a major crisis develops and someone will decide that something has to be done about the files. This usually happens because there is no more space, or because some older important files got discarded. The older an association

becomes the more important a records management plan becomes. This is true legally, operationally, and historically.

To implement a formal records management plan* one must

- **Appoint a records management officer**

In smaller organizations this is not a full-time position. It can be a manager, an administrative assistant, the librarian, or whomever has an interest. Courses are often taken by the person responsible so that there is some in-house expertise. Outside consultants can provide guidance and direction, and can carry out some of the work.

- **Conduct an inventory**

Recognizing that the existing records are and will remain decentralized it is important to know what exists, overall, the kinds, the age, and the various types.

- **Develop a classification scheme**

If the existing classification scheme is both systematic and extensive then nothing more needs to be done. If the present scheme has holes then some work will be necessary. This may result in a conversion process.

- **Develop retention schedules**

This may be where the most work needs to be done. These schedules, applied to all files, indicate when to remove records to inactive storage, when to effect a media change (for example, from tape to hard disc, or from paper to microfilm), and when to destroy them. Retention schedules are based on legal, operational, and historical requirements. Such schedules can be linked to the classification scheme so that purging becomes semi-automatic

* Taking Control of Your Office Records: A Manager's Guide, edited by Katherine Aschner. Boston, Mass., G.K. Hall & Co., 1983. 263 pages.

(for example "1Aclose/5" can mean retain in originating office until one year after the project is closed, then put in storage for five years).

- Develop a records management manual

This need not be a long document, but it should make a major statement about the organization's files, who has responsibility for what, etc. It will include the above policies and decisions, and cover procedures relating to file cutoffs, maintenance and annual audit.

A records management programme feeds the archives. The archives would be, initially, paper-based. But as CDA becomes electronic based, with a computer system, the archives becomes electronic also. Minutes, reports and all such documentation not only would be retained, but retrievable via the CDA computer system. Assuming that dentists use computers then eventually there would be a network which would permit distant access of this resource.

As a second priority CDA could, after CDA has developed some knowledge and expertise in this area, offer assistance to provincial associations. It is probable that many provincial associations have no established records management programme and no effective archival programme. The associations of the smaller provinces, especially, may welcome such a lead by CDA. The library could serve CDA by being the instrument through which this is begun, and, if desired, accomplished. It should be understood that it is intended that in the longer term this would be an electronic 'library'. It is not proposed that CDA become a paper storing unit for other associations. We assume electronic versions are available, and with some planning could be made available to CDA. This would permit CDA to catalogue and classify the material so that it could be retrieved electronically.

It is recommended that the library investigate this matter, and, with the administration support, develop a records management and archives programme for CDA.

2.5 National Resource Centre

At this time CDA's library is an effective, but narrowly-focussed, service. It is not a national resource. It could be, if CDA decided that it was a value to itself, the profession, and the nation.

CDA could establish a policy that the library acquire, store, and make retrievable,

- all CDA's minutes, reports, and publications;
- all relevant provincial and federal government publications;
- all minutes, reports, and publications of all provincial associations (which agree to make use of such a service);
- selected documentation from teaching and training institutions;
- professional/personal papers of leaders of the profession.

This would lay the base to establish CDA's library as a national resource. Obviously it would take time and dollars for this policy to be worked out and implemented, and it would take more time before its effects were felt. But in the long term it would make CDA's library a national resource centre.

No one else is doing this, no one else will do this. If CDA does not do it will not be done. The question is - should it be done? If the answer is at least maybe then this service could be investigated and costed. Then CDA would be in a better position to make an evaluation on the merits of the case. Discussion with those concerned would provide more input. At least by investigating this CDA is taking the lead as a national organization.

It is recommended that, after due discussion and the obtaining of appropriate support, the library develop a plan to become a national resource centre.

3. Automation Projects

All library automation projects must benefit the user, either directly or indirectly.

We are recommending five automation projects that meet these criteria:

	Benefits to User Direct Indirect	Takes less time of user	Provides more Access for user
1 Billings	√	√	√
2 User DataBase	√	√	√
3 Periodical Handling	√	√	√
4 Card Catalogue	√	√	√
5 Integration	√	√	√

Automating the 'ordinary' library processes of acquisitions, cataloguing, and circulation requires considerable advance planning. It also requires some sophistication, knowledgeable staff, much time, and some funds. One can begin 'automating' a library by taking a process which is separate from the others. Using this approach permits one to go at a slower speed with no negative impact. Using this approach permits one to experiment and not to get too pressured when things do not always work the way they are supposed to. Using this approach gives one experience enough to move on to the main projects with certitude and skill, and much less chance of creating major problems. Needless to say, we are recommending this approach. Hence, the first two projects are of a minor nature, but they will be quite educational, and will benefit the users, indirectly.

Chapter four provides the implementation plan with projected costs and schedules, while this chapter provides a descriptive narrative of each recommended project.

3.1 Billings

Recently the library started to bill for some services. Billing is a very paper intensive operation. It is also very repetitive and time consuming. Automating this process will permit the staff to learn, and will save them time.

It is recommended that the library use a computer-based billing system.

Billing is a minor activity, but it is a good one with which to begin automation. It gives everyone a chance to learn at their own pace. Since it has no major impact on anything else it can be implemented at the speed suitable to the staff. This means that the library must purchase a computer and some appropriate software. Given that the computer can be used for other tasks and given that the cost of lower end billing software is less than \$100 the library can experiment and learn without spending much money. After the introductory and learning period the benefits will be self-evident and measurable. In the future more sophisticated software can be obtained, integrating several other functions.

3.2 User DataBase

CDA's library is entirely dependent on the phone to serve its clients. This being the case users would benefit if the library staff had access to computer-based tools to help them provide faster, more personal service to users.

Perhaps you have a favourite hotel at which you stay? If so it is quite possible that when you talk with the clerk at the desk s/he punches into the computer and brings up your file and the clerk knows that you like a non-smoking room, facing south, or whatever. If your hotel offers you this type of service it is because they have some enhanced software tied in to their computer-based reservation system, and they know the benefits of serving existing clients well.

CDA's library staff could have a similar system to help them serve their users. The system could be relatively simple: a small computer, a couple of terminals, enough memory, some good software. CDA's library staff would, over time, build up files on users and would access the user's file whenever dealing with a user. In effect the library staff would be building an on-line database. This on-line database would be by users' names, indicating their subject/topic interests, maintaining a record of their borrowing/use patterns. The library staff would be able to provide faster, more personalized service with access to this tool. This tool would save

time for the user since less time would be spent on the phone (always important to people whose time is money). This tool could also help improve service, and it probably would impress the user. Everyone benefits. The system might also generate labels, etc which would save library staff time, particularly freeing them from the more boring (albeit necessary) aspects of library/office-type work.

It is recommended that the library build a computer-based user database. This means that the library would have to obtain a computer and some software. This software is somewhat sophisticated so the library would need to develop a plan and would need some guidance.

3.3 Periodical Handling

Periodical handling is a technical services process involving the receiving, registering, routing, shelving, circulating, accounting functions for each title. Every issue of every title must be kept track of, however it is used. Even if a library has only 100 subscriptions this can mean handling each of the 2,000 issues two or three times during a year. Automating a good part of this process helps save time and helps the staff keep better track of their inventory of periodical issues.

It is recommended that the library automate its periodical handling process.

As we said above this is not a major activity, but it will benefit the overall efficiency of the system. When completed the staff will know much more about the strengths and weaknesses of library software, they will know how to plan and integrate this type of project with their other manual processes, and they will be able to save time in creating and maintaining records. Later on, when other processes are automated this database of information can be integrated into the system. The result will be that users can interrogate the system, on-line, from a distance, and discover information about periodical holdings of CDA's library.

3.4 Develop a computer-based catalogue of the collection

Sooner or later the library will decide that it needs to 'automate its card catalogue'. The entire library world is moving in that direction. Even small public libraries are automating. There are many advantages to automating the card catalogue, but there is some pain along the way. Before we make our recommendation let us offer some cautionary notes.

'Automating the card catalogue' means putting the entire collection 'in the computer' and instead of looking at catalogue cards in drawers one looks at information stored in the computer. 'Automating the card catalogue' really means that you are 'automating' many of the crucial library processes. In actual fact you are not 'automating the card catalogue' you are really providing some computer-based tools and computer-based products. One of the prime reasons that libraries develop computer-based catalogues is so that they can implement an automated circulation system - which saves them much time. Since CDA's library lends so very few items this second level reason for automating carries no power.

One of the prime reasons that library staff like computer-based catalogues is because they don't have to type catalogue cards, type headings on catalogue cards, and then file all those catalogue cards. A computer-based catalogue does mean that much of the drudgery of this part of library work is eliminated. With CDA this is a good reason to automate.

The prime reason that users like a computer-based catalogue is because when such catalogues are plugged into a communication network users can access them on-line from a distant site. This is a great benefit. Distant-independent, time-independent access for all members from any part of the country is a great asset, well worth the cost.

There are problems which the library will wrestle with before the solution is functional. These problems are outlined so that policy and decision makers are aware of them. One part of the problem of creating a computer-based catalogue relates to how to handle the existing collection. That is, it is one thing to decide to automate the process and to handle all new purchases, thus ensuring that all

new acquisitions are processed via the automated process, and thus will be in the computer's memory and retrievable. But what about the existing collection? Should all the existing titles be entered into the system, or should most of them be omitted, on the theory that many of them will be discarded in the next 5 to 10 years anyway? The effect of not entering them into the computer database is that you have to search in two locations most of the time to find out if you have something in the library. Entering them into the computer takes much time and effort. This has to be thought out carefully, and costed out as well.

If my analysis and comments seem negative it is because I have seen too many libraries undertake automating their processes having false ideas of costs, schedule, and benefits.

In the long term there is no doubt that having an electronic database of all the library's holdings is desirable, and in the very long run almost necessary. How to get there wasting the least amount of effort, time, and money is the question that must be answered. And this project must be evaluated against other projects in order to establish priorities.

It is recommended that the library 'automate its card catalogue'. This means, in the first instance that an implementation plan be developed to identify actual costs, schedule, and appropriate decision points. After due consideration CDA could then decide not whether or not to proceed but when to proceed.

3.5 Integration

Earlier we indicated the problem of developing and implementing an over-arching, long-term automation plan and we recommended an approach which pursued automation by selecting and working on specific projects, in partial isolation from others. Such an approach is possible with CDA library because of its size and its nature. Such an approach is recommended because it permits CDA library staff to move slowly while maintaining the integrity of their day-to-day operation. The last thing that the library could afford is to take on an over-arching library automation plan which causes disruption of daily service.

At the end of the entire 'specific-project-automation process', (several years on) it will be necessary to integrate. This has two aspects, one relates to connecting the computers so that they can communicate*, and the other relates to having some or all functionality available to/on all computers. The first task is relatively easy to do. The second task takes more knowledge and experience, but by the time all the automation projects have been completed CDA's library staff will know to what degree they want what functionality available to what computer, and the staff will have enough experience to ensure the integration proceeds smoothly. Integration will have many advantages

For the users, regardless of their location, integration will mean that they will be able to use their own computers to

- 1 access the library's card catalogue directly (which provides access to all titles, by author title, and subject headings)
- 2 access periodical holdings;
- 3 leave requests for specific books, order copies of articles, leave 'reference' requests, leave messages for staff, and other users;
- 4 access the electronic database of committee minutes, CDA reports, etc (assuming of course that the recommendations for the archives and national resource centre are implemented).

For the staff integration will mean that

- 1 each staff member will have a computer which has access to all the functionality in the system, which includes the billing, user database, periodical handling, catalogue, electronic mail, access to Index Medicus and other distant databases (as permitted).

* Networking computers can be done in a variety of ways. A good description of all the factors involved is detailed in LAN Evaluation Report which is published by Novel, Inc. (748 North 1340 West, Orem, Utah 84057, USA). Appendix A provides the Table of Contents and List of Figures, from the 1986 edition.

- 2 each staff member can interact with users directly via on-line dialoguing, and indirectly via E-Mail.
- 3 most cataloguing will be done on-line, and several other 'ordinary' library activities will be done on-line (such as checking circulation, overdue, etc)

As we indicated earlier integration will save users time, save staff time, and give users more and easier direct access to the collection than they have now.

It is recommended that CDA library integrate its automation processes to the degree that benefits operations.

4. Implementation Plan

This chapter lists the major recommendations in summary form, outlines the implementation plan, the schedule, and the costs of these recommendations, and where necessary provides explanatory notes.

The basic assumption underlying this implementation plan is quite simple - it is better to go slow than too fast. This is so for four reasons

- ◊ it spreads the costs over more years rather than fewer;
- ◊ it is safer from the point of view of guaranteeing the integrity of the existing operations;
- ◊ it is easier to make changes as realities change; and
- ◊ it is easier on the staff.

The entire implementation plan is laid out in the following tables:

T1a Schedule by Year	20
T1b Schedule by Category	21
T2 Year-One Costs	22
T3a Five-Year Costs by Year	25
T3b Five-Year Costs by Category	26
T4a Year-Six Opers Cost by Year	27
T4b Year-Six Opers Cost by Cat'y	28

Some basic points to keep in mind when examining the tables:

- 1 This implementation plan assumes a five year cycle.
- 2 The order of implementation can be changed with few negative impacts.
- 3 The speed of implementation can be changed, but it can only be speeded up if more dollars are made available sooner.
- 4 The sooner the implementation is planned (years one and two) the more reliable are the cost projections. And consequently the later the implementation is planned (years three, four and five) the less reliable are the cost projections.
- 5 To be valuable in the future it is assumed that this plan will be maintained current each year.
- 6 Notes for Tables 2 and 3 are on pages 23 and 24.

T1a: Implementation Schedule by Year for Library Plan

Recommendations

Impl'n*
Order

'89 '90 '91 '92 '93

1989

1.1	Presentations at Conferences	1	✓					
3.1	Billings	2	✓					
2.1	Videocassettes	3	✓					
1.2	Special Items in Communiqué	4	✓					
1.3	Special Pages in the Journal	5	✓					
1.4	Focussed Ads	6	✓					

1990

1.5	Focussed Mailings	7		✓				
3.2	User DataBase	8		✓				
2.2	Extended Service	9		✓				
2.4	Electronic Ordering	10		✓				

1991

3.3	Periodical Handling	11			✓			
2.5	Archives	12			✓			

1992

2.6	National Resource Centre	13				✓		
3.4	Card Catalogue	14				✓		

1993

3.5	Integration	15						✓
-----	-------------	----	--	--	--	--	--	---

'89 '90 '91 '92 '93

*Impl'n = Implementation

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T1b: Implementation Schedule by Category for Library Long-Term Plan

Recommendations

Impl'n*
Order

'89 '90 '91 '92 '93

1. New Marketing Activities

- | | | | | | |
|----------------------------------|---|---|---|--|--|
| 1.1 Presentations at Conferences | 1 | √ | | | |
| 1.2 Special Items in Communiqué | 4 | √ | | | |
| 1.3 Special Pages in the Journal | 5 | √ | | | |
| 1.4 Focussed Ads | 6 | √ | | | |
| 1.5 Focussed Mailings | 7 | | √ | | |

2. New Services

- | | | | | | |
|------------------------------|----|---|---|---|---|
| 2.1 Videocassettes | 3 | √ | | | |
| 2.2 Extended Service | 9 | | √ | | |
| 2.3 Electronic Ordering | 10 | | √ | | |
| 2.4 Archives | 12 | | | √ | |
| 2.5 National Resource Centre | 13 | | | | √ |

3. Automation Projects

- | | | | | | |
|-------------------------|----|---|---|---|---|
| 3.1 Billings | 2 | √ | | | |
| 3.2 User DataBase | 8 | | √ | | |
| 3.3 Periodical Handling | 11 | | | √ | |
| 3.4 Card Catalogue | 14 | | | | √ |
| 3.5 Integration | 15 | | | | |

'89 '90 '91 '92 '93

*Impl'n = Implementation

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T2: Projected Year-One Direct Additional Costs for Library Long-Term Plan

Imple-
menta-
tion
Order

Recommendations

Staff Equip't Other TOTAL

1989

1	1.1	Presentations at Conference	\$1,500	\$0	\$0	\$1,500
2	3.1	Billings	\$0	\$5,000	\$1,000	\$6,000
3	2.1	Videocassettes	\$0	\$1,000	\$1,500	\$2,500
4	1.2	Items in Communiqué	\$0	\$0	\$0	\$0
5	1.3	Special Pages in the Journal	\$0	\$0	\$0	\$0
6	1.4	Focussed Ads	\$0	\$0	\$6,000	\$6,000
Sub-Total						\$16,000

1990

7	1.5	Focussed Mailings	\$0	\$0	\$500	\$500
8	3.2	User DataBase	\$2,000	\$5,000	\$3,000	\$10,000
9	2.2	Extended Service	\$1,250	\$0	\$0	\$1,250
10	2.4	Electronic Ordering	\$0	\$5,000	\$4,000	\$9,000
Sub-Total						\$20,750

1991

11	3.3	Periodical Handling	\$5,000	\$0	\$3,000	\$8,000
12	2.5	Archives	\$7,000	\$0	\$7,000	\$14,000
Sub-Total						\$22,000

1992

13	2.6	National Resource Centre	\$5,000	\$3,000	\$2,000	\$10,000
14	3.4	Card Catalogue	\$10,000	\$2,000	\$3,000	\$15,000
Sub-Total						\$25,000

1993

15	3.5	Integrate into a system	\$0	\$5,000	\$10,000	\$15,000
Sub-Total						\$15,000

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**Notes for Table 2:
Projected Year-One Direct Additional Costs**

General Comments

- A. These recommendations cover identifiable direct additional costs only.
- B. I am recommending the purchase of three computers: one for billings in 1989; one for the user database in 1990; and one (or a file server) for electronic ordering in 1990. These computers will be multi-purpose and will be used for a variety of tasks. Given that there already is one computer in the library this means that there will be four computers in the library by the beginning of 1991.
- C. For a basic computer I have projected a cost of \$5,000. That figure is high if IBM compatibles are purchased.

Item	Notes
1	Three conferences, travel and lodgings, averaging 500\$s per = \$1,500.
2	Assume computer + peripherals = \$5,000 + software and training of \$1,000 = \$6,000 total
3	Assume VCR, cables, monitor = \$1,000 + \$1,500 for actual video-cassettes.
6	Assume it costs \$3,000 to create one ad, and the other \$3,000 is the cost of running them. This cost could run into 1990, depending on the speed with which this is implemented.
7	Assume focussed mailings are included in scheduled CDA mailings hence no postage or envelope costs, only additional costs are those for the paper, photocopying/printing, thus estimated \$500.
8	Assume part-time help to compile and input basic data (one person 8\$hph for 6 weeks = \$2000. Assume computer + peripherals = \$5,000 + software and training of \$3,000 = \$8,000; for a total of \$10,000.
9	This depends on an expressed need (after survey) and the move to the first flow. One part time staff, 8hpw @6\$hspw = 50\$spw, for 25w = \$1,250. The staff member will be doing ordinary work when not serving walk-in staff. More phone calls (from western provinces) may be accepted because of the longer work day, this may result in more work.
10	Assume computer = \$5,000 + software, extra hardware and training of \$4,000 = \$9,000.

- 11 Assume part-time staff to prepare and input the data (one person for 17 weeks at 8\$sph = \$5,000; plus some software and training \$3,000 = \$8,000 (assuming computer is already purchased and available).
- 12 Assuming part-time staff (19 weeks of one person at 10\$sph) to prepare data + \$7,000 for a consultant to design a records management program and provide preliminary training = \$14,000.
- 13 Assume part-time staff to prepare the information (one person for 34 half-weeks at 8\$sph = \$5,000; plus \$3,000 to purchase some extra memory for one of the computers, plus \$2,000 for some software and training = \$10,000,000 (assuming computer is already purchased and available).
- 14 Assume part-time staff to prepare data (half time for a year at 10\$s pw, = \$10,000 + \$2,000 for some more memory for existing computer, plus \$3,000 for software and training = \$15,000.
- 15 Assume \$5,000 for some cable and add on powers and memory (for existing computer) plus \$6,000 for technical person to design and integrate, and handhold, plus \$4,000 for some software and training = \$15,000.

**Notes for Tables 3:
Projected Six-Year additional Direct Costs**

- a) Year 1 costs include set up and operational costs, year 2 and thereafter include operational costs, assuming activity is carried on.
- b) Costs in year six drop because there are only operational costs, with no set-up costs .

T3a: Projected Five-Year Additional Direct Costs by Year

Rank Order		Recommendations	1989	1990	1991	1992	1993
1989			\$	\$	\$	\$	\$
1	1.1	Present'n at Conf's	1,500	1,500	1,500	1,500	1,500
2	3.1	Billings	6,000	600	600	600	600
3	2.1	Videocassettes	2,500	1,500	1,500	1,500	1,500
4	1.2	Items/Communiqué	0	0	0	0	0
5	1.3	Pages in Journal	0	0	0	0	0
6	1.4	Focussed Ads	6,000	3,000	0	0	0
		Annual Sub-Totals	16,000	6,600	3,600	3,600	3,600
1990							
7	1.5	Focussed Mailings	0	500	500	500	500
8	3.2	User DataBase	0	10,000	600	600	600
9	2.2	Extended Service	0	1,250	1,250	1,250	1,250
10	2.4	Electronic Ordering	0	9,000	1,000	1,100	1,200
		Annual Sub-Totals	0	20,750	3,350	3,450	3,550
1991							
11	3.3	Periodical Handling	0	0	8,000	200	200
12	2.5	Archives	0	0	14,000	7,000	7,000
		Annual Sub-Totals	0	0	22,000	7,200	7,200
1992							
13	2.6	Nation'l Res. Centr.	0	0	0	10,000	5,000
14	3.4	Card Catalogue	0	0	0	15,000	2,000
		Annual Sub-Totals	0	0	0	25,000	7,000
1993							
15	3.5	Integration	0	0	0	0	15,000
ANNUAL TOTALS \$			16,000	27,350	28,950	39,250	36,350
Total Five -year cost							\$147,900

1989 1990 1991 1992 1993
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T3b: Projected Five-Year Additional Direct Costs by Category

Imp'n
Order

Recommendations		1989	1990	1991	1992	1993	Totals
New	Marketing Activities	\$	\$	\$	\$	\$	
1	1.1 Present'n at Conf's	1,500	1,500	1,500	1,500	1,500	\$7,500
4	1.2 Items/Communiqué	0	0	0	0	0	\$0
5	1.3 Pages in Journal	0	0	0	0	0	\$0
6	1.4 Focussed Ads	6,000	3,000	0	0	0	\$9,000
7	1.5 Focussed Mailings	0	500	500	500	500	\$2,000
	Annual Sub-Totals	7,500	5,000	2,000	2,000	2,000	
	Five-Year Total by Category						\$18,500
New	Services						
3	2.1 Videocassettes	2,500	1,500	1,500	1,500	1,500	\$8,500
9	2.2 Extended Service	0	1,250	1,250	1,250	1,250	\$5,000
10	2.4 Electronic Ordering	0	9,000	1,000	1,100	1,200	\$12,300
12	2.5 Archives	0	0	14,000	7,000	7,000	\$28,000
13	2.6 Nation'l Res. Centr.	0	0	0	10,000	5,000	\$15,000
	Annual Sub-Totals	2,500	11,750	17,750	20,850	15,950	
	Five-Year Total by Category						\$68,800
	Automation Projects						
2	3.1 Billings	6,000	600	600	600	600	\$8,400
8	3.2 User DataBase	0	10,000	600	600	600	\$11,800
11	3.3 Periodical Handling	0	0	8,000	200	200	\$8,400
14	3.4 Card Catalogue	0	0	0	15,000	2,000	\$17,000
15	3.5 Integration	0	0	0	0	15,000	\$15,000
	Annual Sub-Totals	6,000	10,600	9,200	16,400	18,400	
	Five Year Total by Category						\$60,600
Annual Totals by Year in \$s		16,000	27,350	28,950	39,250	36,350	
Five-Year Total							\$147,900

1989 1990 1991 1992 1993

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T4a: Projected 6th-Year Ops Costs by Year of Implementation

Imp'n Order			6th Yr [1994] Ops Costs
	Recommendations		
1989			\$
1	1.1	Present'n at Conf's	1,500
2	3.1	Billings	600
3	2.1	Videocassettes	1,500
4	1.2	Items/Communiqué	0
5	1.3	Pages in Journal	0
6	1.4	Focussed Ads	0
		Sub-Total	\$3,600
1990			
7	1.5	Focussed Mailings	500
8	3.2	User DataBase	600
9	2.2	Extended Service	1,250
10	2.3	Electronic Ordering	1,300
		Sub-Total	\$3,650
1991			
11	3.3	Periodical Handling	200
12	2.4	Archives	3,000
		Sub-Total	\$3,200
1992			
13	2.5	Nation'l Res. Centr.	3,000
14	3.4	Card Catalogue	2,000
		Sub-Total	\$5,000
1993			
15	3.5	Integration	3,000
		Sub-Total	\$3,000
		Year 6 Total	\$18,450

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T4b: Projected Sixth-Year Operational Costs by Category

			6th Year 1994	
New Marketing Activities			\$	
1	1.1	Present'n at Conf's	1,500	
4	1.2	Items/Communiqué	0	
5	1.3	Pages in Journal	0	
6	1.4	Focussed Ads	0	
7	1.5	Focussed Mailings	500	
Annual Sub-Totals				\$2,000
New Services				
3	2.1	Videocassettes	1,500	
9	2.2	Extended Service	1,250	
10	2.3	Electronic Ordering	1,300	
12	2.4	Archives	3,000	
13	2.5	Nation'l Res. Centr.	3,000	
Annual Sub-Totals				\$10,050
Automation Projects				
2	3.1	Billings	600	
8	3.2	User DataBase	600	
11	3.3	Periodical Handling	200	
14	3.4	Card Catalogue	2,000	
15	3.5	Integration	3,000	
Annual Sub-Totals				\$6,400
Sixth Year Op'l Costs				\$18,450

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LAN Evaluation Report

1986

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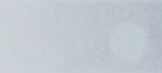
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Keith Health Care Com:

Suite 105, 4953 Dundas St. W.,
Toronto, Ontario M9A 1B6 Tel: (416) 23

Fax: (416) 239-8220

APPENDIX V

April 20, 1989

TO: CANADIAN DENTAL ASSOCIATION

FROM: KEITH HEALTH CARE COMMUNICATIONS

RE: The sales of the list of Dentists in Canada by
the Canadian Dental Association through Keith
Health Care Communications

It is assumed that should the Canadian Dental Association decide to make their list available to a selected number of customers, then the list must be produced to a standard that will make it the list of choice to those who qualify to purchase it.

Formal copyright should be applied for through the Department of Consumer and Corporate Affairs under the name C.D.A. Dentafile Mailing List.

The guidelines for purchasers could be that C.D.A. Dentafile Mailing List will not be made available to or sold to any potential commercial purchaser who:

1. Derives the majority of its income from the sale of tobacco or tobacco related products
2. Derives the majority of its income from the sale of alcoholic beverages including beer, wine and distilled spirits
3. Markets products which are in direct competition to products and services provided by the Canadian Dental Association
4. Markets a product or products which C.D.A. has declared inconsistent with the Association's policy as it relates to the overall health and welfare of the Canadian public

General: C.D.A. reserves the right to restrict the C.D.A. Dentafile Mailing List as it deems appropriate in its sole and absolute discretion which authority shall supercede all guidelines.

The sale of the list will be managed by Keith Health Care Communications. A sales catalogue will be developed and will be used as the principle selling tool. The catalogue will

We are representatives for:

*Annals of The Royal College of Physicians and Surgeons of Canada • Canadian Dental Association Journal • Canadian Journal of Anaesthesia
Canadian Journal of Ophthalmology • Canadian Journal of Surgery • Canadian Medical Association Journal • Canadian Pharmaceutical Journal
Compendium of Pharmaceuticals and Specialties • Humane Medicine • Journal of Otolaryngology • Le Medecin du Québec • Manitoba Medicine
The Nova Scotia Medical Journal • Ontario Medical Review • OMA Patient Update • Probe The Canadian Dental Hygienists' Association Journal • Telemedicine*

Page Two....

describe the mailing list in detail, the types of labels available, the fee schedule and how to order. Contracts with purchasers will be completed providing C.D.A. with as much protection as legally possible against inappropriate or fraudulent use of the mailing list.

Revenues to C.D.A. will be derived from the sale of the labels and a commission from the sale of services provided by the mailing house who will be appointed by C.D.A. Honeycomb Mailing Services Ltd. has kindly provided me with a price list which we as sales agents will mark up 20%. We would then suggest that we split that commission with C.D.A. Our fee for selling the labels would be 15%. As the mailing house services cost more to a client than the labels it is reasonable to assume that your income would be almost equal to the income from the sale of labels.

Should C.D.A. agree to proceed with this venture, Keith Health Care Communications would suggest that we develop an extensive questionnaire to be sent to the dental profession receiving as much data as possible to profile the list and therefore make it extremely valuable to a user.

Honeycomb Mailing Services Limited

Quotation for
Keith Health Care Communications

Description		Price/M
1.	Labelling:	
	* Mechanical - CHESHIRE LABELS	5000 MINIMUM
	* No. 10 envelope	
	* 6 x 9 envelope	
	* 9 x 12 envelope	
	* Business Reply Cards	\$12.00 /M
	* Mechanical - PRESSURE SENSITIVE LABELS	
	* No. 10 envelope	
	* 6 x 9 envelope	
	* 9 x 12 envelope	
	* Business Reply Card	\$10.00 /M
2.	Folding:	
	* Mechanical -	8 1/2 x 11 - (Letter Fold) \$ 9.00 /M
		11 x 17 - (1 Fold) \$ 9.00 /M
		11 x 17 - (2 Fold) \$15.00 /M
	* Manual	ON REQUEST
3.	Matching - R.R.F. and Letter with label (See No. 7)	
		0 to 4,999 \$45.00 /M
		5 Thousand & up \$35.00 /M
4.	Handnesting	1st \$25.00 /M
		Additional \$15.00 /M
5.	Mechanical Inserting - Size up to 6" x 12"	
	* 1 - 4 components	0 to 4,999 \$30.00 /M
		5 Thousand & up \$25.00 /M
	* Additional Enclosures (7 enclosures maximum)	\$ 2.00 /M
6.	Manual Inserting - 9" x 12" Envelopes	
	* 1 component	\$70.00 /M
	* 2 components	\$73.00 /M
	* 3 components	\$76.00 /M
	* 4 components	\$79.00 /M
	Additional (per enclosure)	\$ 3.00 /M

Honeycomb Mailing Services Limited

Quotation for
Keith Health Care Communications

<u>Description</u>	<u>Price/M</u>
--------------------	----------------

SAMPLE FULFILLMENT

1.	Data Entry: * Name & Address - 4 Lines * Other Data Entry	.25 ea \$25.00 /hr
2.	Label Production: * From resident Data Base	\$30.00 /M
3.	Affix Label to Parcel	\$25.00 /M
4.	Affix Meter Tape	\$25.00 /M
5.	Bundle, Bag & Tie	INCLUDED
6.	Delivery to Post Office	INCLUDED
7.	When Mail volume is sufficient it is delivered to Gateway in Postal Mono Containers @ \$35.00 per Mono	

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Ashoka Subedar, Chairman, Univ. of Manitoba
Miss Linda Wiltshire, McGill University
Mr. Eric Trudel, Université de Montréal
Mr. Kevin Walsh, Dalhousie University
Mr. Keven Hockley, Univ. of Western Ontario
Mr. Joe Lizotte, University of Alberta
Mr. Peter Sbaraglia, University of Toronto
Mr. Richard Kananowicz, University of Manitoba
Mr. Don MacRae, University of Saskatchewan
Mr. Jean-Francois Masse, Université Laval
Mr. John Armstrong, Univ. of British Columbia
Mr. Scott MacLean, Governor, Univ. of Alberta
Dr. Madelaine Shildkraut, Past Chairman,
Montreal, Quebec
Dr. Doug Lovely, Past Governor, Vancouver, B.C.

Executive
Liaison: Dr. Bryun Sigfstead, Edmonton, Alberta

Coordinator: Miss Linda Teteruck

1. Committee Meetings

Committee has met once since the last Board meeting, on April 2, 1989, in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. Student Membership

The Committee on Student Affairs once again addressed the issue of maintaining both student members and new graduates as CDA members, especially in the voluntary provinces. It was felt that in order to enhance CDA's image, and in keeping with the ODA fee policy for the 1989-90 period to freeze the student fee at its present level, similar action should be taken by CDA. The Committee felt this would reflect a positive image for CDA and would help encourage new grads to join CDA.

RESOLVED:

89.68 WHEREAS an objective of the CSA is to encourage students to maintain their membership in the CDA post-graduation, and

WHEREAS, continually increasing student membership fees can create a negative impact in this area,

THAT the CDA student membership fee be frozen at \$17.00 for the 1989-90 year, and that this fee be reviewed on an annual basis.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. The National Dental Examining Board of Canada

The Committee on Student Affairs has been approached by the NDEB for its assistance in an audit of the National Dental examinations. Specifically, the Board would like to evaluate the examination questions in its endeavour to prove non-bias in the testing of foreign dentists. Certification of graduates of Canadian dental schools is automatic upon submission of an application and fee for the NDEB Certificate of Qualification. Ten fourth year dental students from five randomly selected dental schools, the Universities of B.C., Manitoba, McGill, Laval and Western Ontario, will be given the examination in September, with the assistance of the Dean and the CDA Student Representative.

The Committee agrees in principle to assist the NDEB in this endeavour. Its only concern is that testing will occur after grads have been out of school for several months, with a minimum of study time available while pursuing career planning.

The Committee voted in favour of assisting in this research.

Please refer to the Executive Council report under Access to the Profession.

4. Canadian Fund for Dental Education

The Committee on Student Affairs continues to campaign at the dental schools to increase awareness of the CFDE and its activities. Many schools hold CFDE fund-raising events, or students are canvassed. Further to the Committee's suggestion that a CFDE representative be invited to the CDA Welcome to the Profession event, at the Fund's expense and when practical, this was done at Laval University.

5. American Student Dental Association

The Committee continues to send a representative to the American Student Dental Association annual meeting, dates permitting. The Chairman attended this year's annual session in Indianapolis, Indiana, on September 28 to October 2, 1988. Members feel this liaison is valuable and should continue in the future.

6. Student Column in the CDA Journal

Much progress has been made toward the goal of a student column in the Journal. Guidelines have been set for the articles, and it has been decided that targeted issues will be August, December and April, beginning December 1989.

Each school will have an opportunity to submit material for publication, on a rotational basis. This schedule and a topic list will be set at the forthcoming Students' Conference.

7. The Association of Canadian Faculties of Dentistry

The Committee on Student Affairs has been encouraged to continue to monitor student stress and problem areas, via the mechanism of the ACFD Student Survey. It will, therefore, be carried out once again during the next academic year, and is tentatively planned to be repeated every three years.

A second position paper will be compiled and presented to the ACFD and the CDA Council on Education and Accreditation, citing stress in dental school, prelicensure, teacher/instructor training and uniform course evaluation as areas students wish to continue to address.

It has been reported that as a result of the original survey, changes have occurred having direct impact on some areas of stress in the dental schools.

SUMMARY

On behalf of the Committee on Student Affairs and Canadian dental students across the country, I would like to express sincere appreciation to the Canadian Dental Association for its support of student activities, and for the encouragement it offers the student body to participate in organized dentistry.

As Chairman of the Committee this year, I have learned a great deal by being part of a team working towards the betterment of our profession. This will, no doubt, serve me well in the future.

Respectfully submitted,

Ashoka Subedar
Chairman, Committee on
Student Affairs

ADOPTION OF REPORT

The Board of Governors accepts the report of the Committee on Student Affairs with appreciation.

TAXATION COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert Hicks, Chairman, Vancouver
Dr. Jack Gryfe, Weston
Dr. Elizabeth MacSween, Ottawa

Executive Liaison: Dr. Bernard Dolansky, Ottawa

Coordinator: Mrs. Sandra Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Taxation Seminars

The most recent CDA Tax Seminar took place on Friday, June 2, 1989, at the Westin Hotel in Winnipeg, Manitoba. Forty-three people attended the seminar and, by the comments received after the Seminar, it was judged as a successful event.

The topics covered at the seminar were Review of the 1989 Federal Budget, RRSP regulations, interest deductibility, capital gains, Management Companies, Incorporated Practices, income splitting, continuing education expenses, etc.

The two chartered accountants who presented topics from the tax accounting point of view were Mr. John Donald, C.A. from Dunwood & Co. and Mr. Charles Rubin, B.Sc., C.A. from the firm of Laventhol Horwath.

Three tax lawyers from Aikins, McAuley and Thorvaldson presented information on General Anti-Avoidance Rule, Professional Management Companies and Incorporation of Professional Practices. The lawyers were Mr. Joel Weinstein, Mr. Jake Harmes and Ms. Lisa Collins.

The Chairman of the CDA Taxation Committee presented the last segment of the seminar and provided information on convention expenses, continuing education expenses, Personal Service Corporations and the proposed Federal Sales Tax (Goods and Services Tax).

The next CDA Taxation Seminar is planned for St. John's, Newfoundland on Friday, November 24, 1989. The Taxation Committee was concerned about the expenses required to put on the seminar in that city, without a guarantee of fifty participants. The Newfoundland Dental Association has provided this guarantee, if it is required.

Appended is a breakdown of all seminars held to date. 418 attendees have benefitted from this continuing education experience and the Association has realized a net profit of \$6,971.60.

APPENDIX I

2. Federal Goods and Services Tax

The April 1989 Federal Budget speech finally identified that a Multi-Stage Federal Sales Tax will be replacing the current Federal Sales Tax. The tax will be called a Goods and Services Tax and it has been indicated that this tax will be an invoiced tax.

The budget stated that "most" dental services would be exempt from this tax. The chairman of the Taxation Committee contacted the Department of Finance to see if any dental services have been selected for application of the tax. The Department stated that no final decision has been made on whether "some" dental may be taxed. They have indicated that the majority of regular dental services will be exempt from the tax. Dialogue is continuing with the Department of Finance.

3. Import Duty on Latex Examination Gloves

The CDA Taxation Committee has learned that a Canadian company, Samboro International Inc. has requested the removal or reduction of the import duty on latex examination gloves.

The existing rate of import duty under the Most-Favoured-National Tariff is 25% and under the General Preferential Tariff is 16.5%. These duties are very high.

The Taxation Committee is looking into ways to convince the Department of Finance that these duties should be removed from Latex Examination Gloves.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

ADOPTION OF REPORT

The Board of Governors receives the report of the Taxation Committee as information.

APPENDIX I

CDA TAXATION SEMINARS

<u>Location</u>	<u>Date</u>	<u>Attendees</u>	<u>Profits/Loss</u>
Toronto	March 1987	77	\$1,129.04
Halifax	October 1987	72	\$713.62
Vancouver	May 1988	120	\$5,106.31
Montreal	October 1988	51	(\$248.13)
Moncton	January 1989	55	\$70.76
Winnipeg	June 1989	43	\$200.00

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Don MacFarlane, Chairman, Vancouver
Dr. Toby Gushue, St. John's
Dr. Don Gutkin, Winnipeg
Dr. Bernie Dolansky, Ottawa

Executive Liaison: Dr. Don MacFarlane, Vancouver

Coordinator: Ms. Susan Matheson

1. Committee Meeting

The Third Party Dental Plans Committee has met twice since the report to the 1989 Interim Meeting: May 12-13 and June 25-26, 1989.

2. Liaison Activities

The Committee met on February 24, 1989 with the QDSA in Montreal.

The Committee met collectively with various Insurers, who have indicated a specific interest in funding the EDI project, to discuss the GSA Consultants Report. A Joint Committee, the CDA Third Party and these Insurers met on May 25 to further discuss the GSA report and establish Working Groups.

The Committee met informally with Dr. Rick Beyers from the RCDS on May 12 to discuss the role for the RCDS in Third Party Activities.

The Committee met on June 27, 1989 in Moncton, New Brunswick to discuss EDI with the CEO's of Blue Cross.

ITEMS REQUIRING BOARD ACTION

APPENDIX I

3. 1989 Conference

The Third Party Committee attempted to seek funding from the Insurance Industry in planning the Conference: Dental Plans: Our Shared Concerns II. This attempt has not been successful at this time.

The Committee will proceed with the Conference, however a registration fee will be charged for participants from the Insurance Industry. Corporate and Licensing Bodies will attend at no charge.

The Conference will be held in Toronto at the Sheraton Toronto East Hotel & Towers (formerly the Renaissance Hotel) on September 21 and 22, 1989.

The topics for discussion include Plan Design, DID Update, Uniform System of Codes and an EDI Presentation.

A proposed budget of \$16,550.00 has been set for this project.

APPENDIX I

RESOLVED:

89.69 THAT the Shared Concerns II Budget be approved.

ADOPTED

4. Uniform System of Codes

APPENDIX II

With some revisions to be presented for your approval at the Meeting of CDA Board, the USCLS has been completed and the Committee is now working to incorporate specialty codes into the new system for coding. Final revisions will be distributed to the Board.

RESOLVED:

89.70 THAT the revisions to the Uniform System of Codes be accepted.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION5. Direct Reimbursement

The Direct Reimbursement pamphlets and Kits are available for sale to the provinces and other interested organizations. Inquiries may be directed to the CDA Dialogue in Dentistry Office, to the attention of Mrs. Pat Duminy.

6. Fee-for-Service Pamphlet

Input is being gathered from the provinces and the final version of the document should be completed by August.

7. Dialogue in Dentistry

APPENDIX III & IV

Dr. Peter Edmison of Ottawa has accepted the position of DID National Contact Dentist. DID Seminars were held in Halifax in March and Toronto in April. To date approximately 100 dentists across Canada have attended DID training sessions.

A request has been sent to the CDHA and CDN & AA Journal editors to publish an article on DID in their publication.

A DID contact Report Form has been developed and the Committee looks to the provinces for their cooperation in using this form.

APPENDIX III

A Release and Indemnity form has been developed for the provinces to utilize as they see most appropriate.

APPENDIX IV

The DID Office has developed a mechanism to record contacts that have a National Component. This information will be used for the National Data Bank.

Articles promoting DID have appeared in the Communique and the Journal. Dr. Lauriente and Dr. Crawford are preparing a second article for the Journal.

Financially, the DID Program appears to be on target with the proposed budget.

Provincial and corporate members are encouraged to use the National office and to share their information so that other provinces can benefit from their experiences.

Respectfully submitted,

Don MacFarlane, D.M.D.
Chairman, Third Party Dental
Plans Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Third Party Dental Plans Committee with appreciation.

APPENDIX I

DENTAL PLANS: OUR SHARED CONCERNS II

PROPOSED BUDGET

EXPENSES

Facilitator	\$2,000.00
Meeting Room Rental	400.00
Speakers	1,000.00
Reception	1,400.00
Mailing, Badges, Handouts	1,400.00
Committee Expenses	5,000.00
Coffee Breaks	600.00
A/V	250.00
Meals 15 x 150 -Thursday	2,250.00
15 x 150 -Friday	2,250.00
TOTAL	<u>\$16,550.00</u>

Translation Services not included in A/V estimated at \$2,000.00

INCOME

Registration Fee	
50 x 100	\$5,000.00
Budget Allocation	5,000.00
Meals \$20.00 x 150 Thurs.	3,000.00
20.00 x 150 Fri.	3,000.00
TOTAL	<u>\$16,000.00</u>

APPENDIX II

CHANGES/ADDITIONS TO THE CDA UNIFORM SYSTEM OF CODING AND LIST OF SERVICES

Page 24 - Remove the code 33500

Pages 23-27 - Endodontic Section

34100 APICOECTOMY/APICAL CURETTAGE

34135 Exceptional Anatomy or Difficult Access (in
 addition to 34131 - 34134)

34145 Exceptional Anatomy or Difficult Access (in
 addition to 34141 - 34143)

34200 RETROFILLING

34215 Exceptional Anatomy or Difficult Access (in
 addition to 34211 - 34214)

34225 Exceptional Anatomy or Difficult Access (in
 addition to 34221 - 34223)

34600 SURGERY, ENDODONTIC, EXPLORATORY

34605 Exceptional Anatomy or Difficult Access (in
 addition to 34601 - 34603)

39100 ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS

39101 Banding of Tooth/Teeth and/or Contouring of
 Tissue Surrounding Tooth/Teeth to Maintain
 Aseptic Operating Field (per tooth)

39600 REMOVAL OF ROOT FILLING MATERIALS OR FOREIGN BODIES

39605 Exceptional Anatomy or Difficult Access (in
 addition to 39601 - 39604)

39900 ENDODONTIC PROCEDURES, MISCELLANEOUS

39930 Perforations, Pulp Chamber Repair, Non-
 Surgical

39931 Per Tooth

Pages 44-47 - Prosthodontics - Fixed Section

66200 REPAIRS, REMOVAL

66210 Removal, Fixed Bridge

66219 Each additional unit over three

Page 48 - Oral Surgery Section

The following surgical services include necessary local anesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or a group of several teeth or in some cases a single tooth, which can be practically and conveniently combined for a single surgical sitting.

Page 67 - Implantology Section

79900 IMPLANTOLOGY

79990 IMPLANTS, REMOVAL OF,

79991 First implant

79999 Each additional implant

Pages 68-73 - Orthodontic Section

81100 APPLIANCES, REMOVABLE

81160 Appliances, Removable, Mechanical Eruption Tooth/Teeth

81161 Appliance, Maxillary, Impaction + L

81162 Appliance, Mandibular, Impaction + L

81163 Appliance, Maxillary, Erupted + L

81164 Appliance, Mandibular, Erupted + L

81290 Appliances, Fixed, Mechanical Eruption of Tooth/Teeth

81291 Appliance, Maxillary, Impaction + L

81292 Appliance, Mandibular, Impaction + L

81293 Appliance, Maxillary, Erupted + L

81294 Appliance, Mandibular, Erupted + L

Dialogue in Dentistry Communication Log

APPENDIX III

Company Name _____
Address _____

Provincial Organization ☐
National Organization ☐

Telephone _____
Key Personnel
Name _____

Title _____

Responsibilities _____

1. _____
2. _____
3. _____

Referral Source _____

Contact Dentist(s)	Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

General Information

Present Plan With _____
Effective Date _____ Years in Effect _____
Method of Funding _____ Pooled _____ Experience-Rated _____ Self-funded _____
Benefits Booklet _____ And Benefits Policy _____ Available? _____
Dental Benefits Paid _____% By the employer _____% By the employee _____
Different plans for different class of employee? _____
Number of employees _____ Number covered _____ Dependents covered _____
Waiting period for coverage to take effect _____
Employee Turnover _____% 3 months _____% 6 months _____% 12 months
Total Dental Premiums Paid for Each of Last Three Years _____
Total Dental Claims Paid for Each of Last Three Years _____

Specific Information

Specify Date, Contact Dentist, Company Personnel, Type of Contact, -
Synopsis of Information Received/Given

APPENDIX IV

LOW, MURCHISON

BARRISTERS & SOLICITORS
TRADE MARK AGENTS
ESTABLISHED 1938

KENNETH A. MURCHISON, B.COMM., Q.C.

JOSEPH W. THOMAS, B.A.

JOHN D. PEART, B.Sc., LL.B.

DOUGLAS W.J. SMYTH, B.A., LL.B.

CAROL A. COCHRANE, B.A., LL.B.

D. CAMPBELL BURTON, B.A., LL.B.

COLINSON J. MCGAY, B.Sc., LL.B.

PETER A.J. HARGADON, B.A., LL.B.

GARY G. ROYD, B.Sc., LL.B.

CATHERINE A. KENNEDY, B.A., LL.B., LL.M.

ORIAN LOW, B.A., Q.C. (RETIRED)

TENTH FLOOR
GILPIN BUILDING
141 LAURIER AVENUE WEST
OTTAWA, CANADA
K1P 5J3

TELEPHONE (613) 236-9442
FACSIMILE (613) 236-7942

April 18, 1989

Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

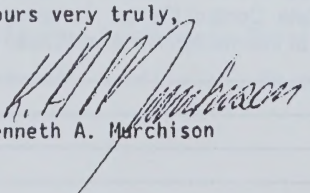
Attention: Peter Edmison, D.D.S.
National Contact Dentist

Dear Mr. Edmison:

Re: Release and Indemnity Form

The form which accompanied your letter of April 13, 1989 is very typical and is probably familiar to most persons in business. However, I do agree that to some it might appear to be "threatening" or at least to indicate that there is the likelihood of significant liability arising. I have been informed by your office that the representatives of CDA will be carefully instructed not to recommend specific plans, but rather to review the size and makeup of the employer's labour force and their likely needs for dental care and after doing so, to suggest a general framework for a general insurance plan which will, in a practical way, meet the needs of the employees within the budget restrictions of the company and that all of this will be done without charge. This being the case, it is my view that there is little or no likelihood of CDA incurring any liability and accordingly I am prepared to recommend that you use the Release in the accompanying form which, although much simpler, is in my view adequate for your purposes.

Yours very truly,


Kenneth A. Murchison

/hm
encl.

Release and Indemnity

The undersigned company acknowledges that it has requested The Canadian Dental Association (CDA) to provide the company with information as to the likely dental needs of its employees and of the types of dental insurance plans which would be practical in meeting these needs and that the CDA has agreed to do so without charge and in consideration for the agreement of CDA to do so, the company hereby agrees to indemnify the CDA, the _____ Dental Association, their respective directors and representatives, and to save them harmless from any actions, claims, damages, or costs which may arise directly or indirectly from the providing of such information by CDA to the company.

Dated this _____ day of _____, 19__

Name of company

Address

Witness

Authorized Signatory

ELECTRONIC DATA INTERCHANGE SUB-COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bernie Dolansky, Chairman, Ottawa
Dr. Toby Gushue, St. John's
Dr. Don Gutkin, Winnipeg
Dr. Don MacFarlane, Vancouver

Executive Liaison: Dr. Bernie Dolansky, Ottawa

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The EDI Sub-Committee has met on three occasions since the Interim Meeting, April 28, May 12 and May 25, 1989.

ITEMS REQUIRING BOARD ACTION

2. Electronic Data Interchange

The Committee met with the Shared Health Network regarding the proposal put forth regarding EDI. A response has been sent to Shared Health.

APPENDIX I, II & III

3. The GSA Consulting firm has been engaged by the Joint Committee of Insurers and CDA Third Party Committee as Project Managers for Phase I of E.D.I.

APPENDIX IV

4. Working groups have been struck to consider Technical Standards and Legal considerations. These working groups are devising plans and working on the timetable in Appendix IV for implementation. The Committee will further update the Board at the August Meeting and a recommendation for approval of the EDI program will be presented at that time.

RESOLVED:

89.71 THAT the CDA Board of Governors consider the proposals of the following organizations: Bank of Montreal, Cooperators Data Services, National Data Corporation, New Brunswick Telephone, Shared Health Network, and V.C.S. Services as the final candidates to be considered for developing the Canadian Dental Association's EDI Network; and

FURTHER THAT the CDA Board of Governors empower the CDA Executive Council to select one of these companies, and enter into legal arrangements with that company, appropriate and necessary to implementing the CDA EDI Network.

It is understood that any agreement would include the successful completion by the vendor of a pilot project.

ADOPTED

Respectfully submitted,

Bernard Dolansky, D.D.S. M.Sc.
Chairman, Electronic Data
Interchange Sub-Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Electronic Data Interchange Sub-Committee with appreciation and recognizes the significant contribution of the Committee members.



APPENDIX I

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6

TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

May 1, 1989

Mr. Michael Ozerkevich
President
Shared Health Network Services
4211 Yonge Street
Toronto, Ontario
M2P 2B1

Dear Mike:

Thank you for the opportunity to meet with you and Richard Clitherow last Friday.

As we agreed, I would like you to clarify our Committee's understanding of your proposal regarding a Pilot Project for Electronic Data Interchange (EDI) of Third Party Dental Claims.

1) The Pilot Project will be run in the Kingston, Ontario area for six months starting in September, 1989 and will involve approximately 60-70 Dental Offices.

2) Canada Life, Great-West Life and Mutual Life will be involved. The Committee feels that the project should be opened to other Third Party carriers who have an interest in this area.

3) The Pilot Project will be entirely funded by Shared Health Network, including the necessary dental office hardware and software and transmission costs.

4) All of the findings and results of the Pilot Project will be made available to the Canadian Dental Association.

5) The Pilot Project will be set up and evaluated on the basis that there will be 15 cents of revenue per claim transmitted to the CDA.

6) A separate data base comprised of the totality of data transmitted will be created for the CDA and controlled by the CDA. A specific carrier identification will be erased from this composite CDA control data base and will not be available to any of the Third Party participants. Each carrier will, of course, receive and own their own data.

7) This data base will be used by the CDA and its provincial association partners for purposes such as profiling, establishing fee guides, analyzing practice patterns, etc.

8) The Pilot Project will be used to establish what costs the Dental Office would have to bear for EDI hardware and software. We would also evaluate whether there should or could be any transaction costs to the Dentist after the Pilot Project.

9) The Pilot Project will at the very least be a one-way batch transmission project. It will include credit card use as well.

10) Shared Health Network will act as a neutral network between the Dental Office and the Third Party Adjudicators.

11) Shared Health Network will have a support desk facility for the participating Dental Offices.

12) Shared Health Network and/or the participating insurance companies will fund the cost of the consultant that the CDA will use in establishing and evaluating this project.

If you agree that these are the parameters that we discussed and agreed upon, please let me know as soon as possible. Our Committee will then consult with the nine provincial associations that have signed letters of intent with us. We will also speak with the 11 Third Party carriers that have declared an interest in a National Dental EDI System.

Our group is meeting on May 12 and we will hope to establish a direction regarding this Pilot Project at that time.

Sincerely,

Bernie Dolansky

for Bernie Dolansky, D.D.S. M.Sc.
Chairman
EDI Sub-Committee

/dma

c.c. Third Party Committee Members
Mr. Jardine Neilson
Dr. Jack W. Niedermayer
Dr. Larry Rossoff

SHNS

May 9, 1989

Dr. Bernie Dolanskey, D.D.S., M.Sc.
Chairman,
E.D.I. Sub-Committee
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y1

Dear Bernie,

Thank you for your letter of May 1, 1989 which summarizes your Committee's understanding of our proposal regarding a Pilot project for third party dental claims. I would like to take this opportunity to comment on each of the points which you raise.

- 1) The pilot would run in Kingston involving 60 - 70 dental offices. It would commence in September (although substantial preliminary work has been completed already and would continue up to the September start date). The project would extend for six months and would involve three, possibly four, different point-of-service hardware solutions. The pilot would involve a "real-time", forwarding and eligibility verification TANDEM processing solution not E.D.I. batch processing as well as full Master Card and Visa draft capture.
- 2) Agreed.
- 3) The funding of the project will be addressed by SHNS and its Insurance Company clients. There will not be any costs to the dentist for the period of the pilot.
- 4) This is acceptable subject to agreement on a terms of reference for the evaluation and subject to a commitment from the CDA to endorse SHNS should the pilot be deemed successful. As well we would require that the CDA not pursue any other non-SHNS initiative during the period of this pilot.
- 5) This point should be clarified. As we indicated in our meeting, based on nearly two years of detailed analysis, the margins on dental claims processing are so slim (and the capital cost and associated risks of such an expenditure so great) that there simply is not \$0.15 per claim available.

We do agree to find the equivalent in added value transactions revenues for the CDA. These revenues would flow to the CDA during the period of the pilot. We assume, furthermore, that this agreement would involve the CDA and the ODA reaching an agreement on revenue sharing since we already had reached an agreement with the ODA at \$0.05/claim.

- 6) It would be difficult for us to accept the reference to "the totality of data transmitted" being "created for the CDA and controlled by the CDA" without some qualifiers. Those qualifiers would have to include:
 - . CDA - obtained consent from its members, from insurance network members (your subsequent sentence confirms that this, in fact, would be your intent).
 - . Compliance with various provincial and federal statutes concerning consumer and patient protection of confidentiality.
 - . an understanding that no credit card information would be passed to the CDA without the explicit written permission of the financial institutions owning it. It is unlikely, in my view, that such permission would be forthcoming.

Notwithstanding overriding legislative and personal consent issues, we would be pleased to work with the CDA to develop an appropriate consent-to-release process.

- 7) Our comments in item number 6 would apply here as well. In addition, we would need to define more precisely what is contemplated in the term "etc."
- 8) Agreed.
- 9) Agreed with the exception that a batch solution offers no or little benefit to the dentist. We will be in "real-time" in the earliest stage of the pilot.

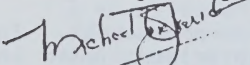
/3

- 10) Not a problem, provided Third Party adjudicators are clarified as to whether they include Third Party administrators as the insurance industry interprets this. Our initial proposal would be to limit this to insurance companies and non-profit organizations such as the Blues and Green Shield.
- 11) Agreed. We already do so.
- 12) We will need to agree on the scope and definition of the role of the consultant and, of course, of the costs associated with his/her engagement. As we indicated, there is little value that such a consultant would bring to us other than reviewing the results of the pilot for the CDA. The costs should not be significant - perhaps in the \$15 - \$20 thousand range. It would be our understanding that participating insurers would contribute to the cost of this engagement. As well, it is our understanding that the engagement would be limited to reviewing and evaluating the results of the pilot.

With the comments above, I believe that we have the components of an agreement that will allow the CDA, SHNS and its insurance clients to pursue a successful pilot project in Kingston. As well, Bernie, we would like to ensure that the CDA is aware of what SHNS and its insurance clients will be doing in other dental processing areas elsewhere in the country during the pilot project timeframe.

I look forward to hearing from you at your earliest convenience.

Yours very truly,



Michael Ozerkevich
President

MO:rz

cc: Mr. Bill Glade, President, ODA
Mr. Jardine Neilson
Dr. Jack W. Niedermayer
Dr. Larry Rossoff
Mr. Denis Devos, Great West Life
Mr. Don Post, Mutual Group
Mr. John Cartmell, Canada Life
Mr. Walter Austen, Green Shield



APPENDIX III

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 PROMENADE ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770 FACSIMILE (613) 523-7736

May 16, 1989

Mr. Michael Ozerkevich
President
Shared Health Network Services
4211 Yonge Street
Toronto, Ontario
M2P 2B1

Dear Mike:

Our combined CDA-Insurer's Committee on EDI held a meeting on Friday, May 12, 1989. At that time we discussed Shared Health Network's proposal for a Pilot Project as outlined in our previous correspondence. Also present at the meeting were our project managers, GSA Consulting.

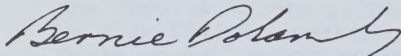
The group felt that we were all interested in Shared Health Network as a possible vehicle for our EDI project. However, we also felt that we had not yet reached the stage where we have adequately defined our own unique requirements for this joint undertaking of ours. We hope to do this in the next 6-10 weeks at which time our intention would be to go to the market place in order to ascertain who could best meet those requirements once they are formulated. It is our sincere wish that Shared Health Network will be a leading contender in that process.

We still have, as one of our primary goals, the desire to create what is clearly seen by everyone, as the best EDI system for both our profession and administrators of dental benefits. We also have maintained as one of our clear goals, the creation of a situation where there will be only one "box" for EDI in any dentist's office. We must, therefore, create the best system possible in order to actively promote to the dental profession what the CDA has sanctioned. Conversely, we will continue to actively discourage any of our members from becoming a part of any other network than the CDA-Provincial Dental Association Sanctioned Network.

...2/

I hope you can appreciate our position and will continue to work with us as we progress towards these goals.

Sincerely,



Bernie Dolansky, D.D.S. M.Sc.
Chairman
EDI Sub-Committee

/dma

c.c. Third Party Committee Members

Mr. Jardine Neilson
Dr. Jack W. Niedermayer
Dr. Larry Rossoff
John Cartmell, Canada Life
Don Post, Mutual Life
Denis Devos, Great-West Life

AGENDA

Preliminary WorkPlan & Issues

Project Plan

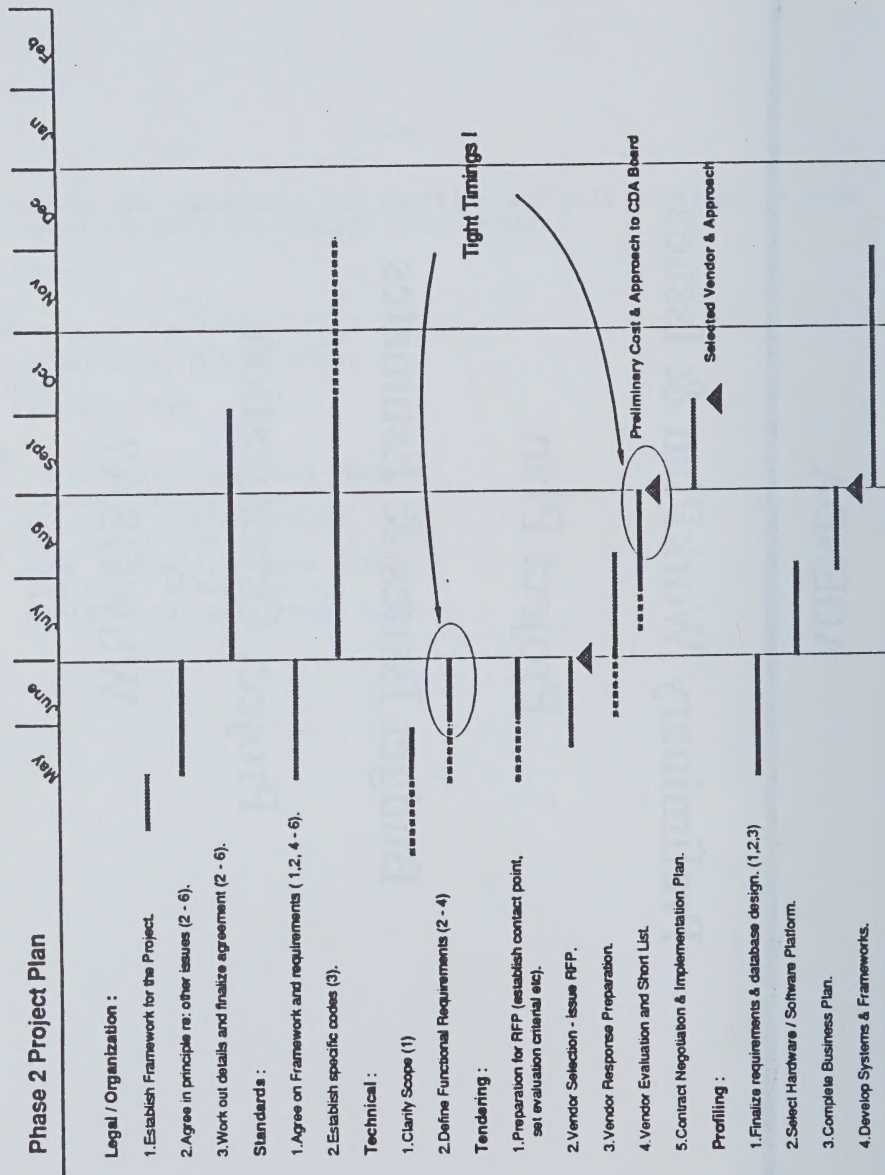
Budget Issues & Estimates

Project Organization

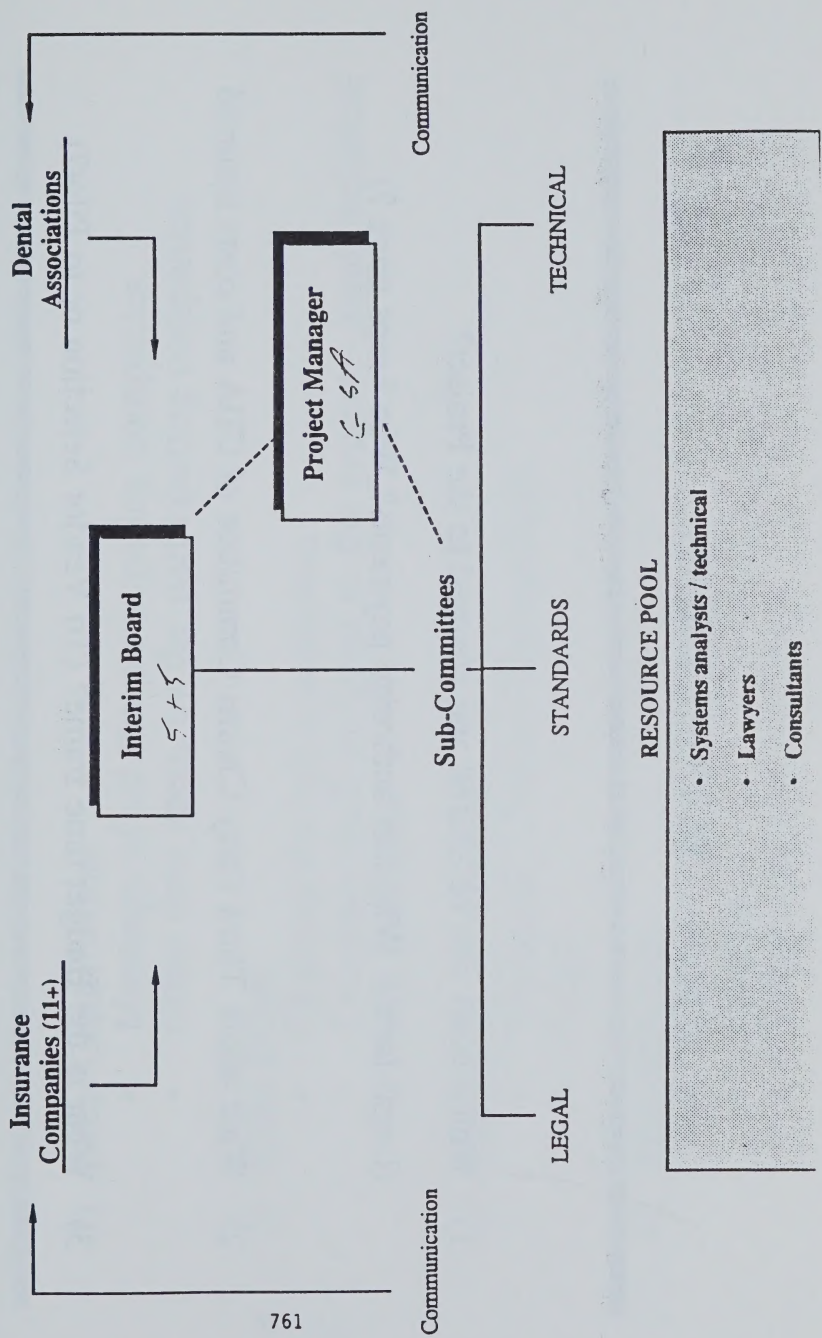
Why GSA?

Next Steps

PROJECT PLAN



PROJECT ORGANIZATION



BUDGET ISSUES

- 1) Which costs can be shared and charged to the Project?
(Legal Issue: Who can authorize payments? Who keeps track ?)
- 2) What about Third Party Claims Committee of CDA and costs incurred
- 3) What is the Budget time frame? (To Vendor Selection or to Pilot?)

BUDGET CATEGORIES

- 1) Even Contribution
 - Meetings of all the participating companies.
 - Other time spent by the participating companies.
- 2) Extra Effort
 - Chairing the sub-committees.
 - Company staff assigned to the project - legal, technical and standards.
- 3) Consulting Investment
 - Technical / Project Management.
 - Legal.
- 4) Miscellaneous
 - Travel
 - Printing
 - Telephone, Courier, etc.

ESTIMATED BUDGET

• Consulting	\$80,000 - \$150,000
• Legal	\$20,000 - \$30,000
• Miscellaneous	\$20,000 - \$30,000

PLUS...

"Extra Effort":

3 Full-time people for June,
2 Full-time people for August

WHY GSA ?

- We can plan and implement national wide-area communication networks.
- We understand the complexity of claims adjudications
- We understand the needs and concerns of the dental professions
- We have managed large scale projects.
- Our technical experience ranges from developing PC applications to planning and development in a mainframe environment.
- We have experience with Electronic Data Interchange in a variety of industries.
- We have wide experience with the system procurement process
- We have acquired a wealth of knowledge during the feasibility study.

THE GSA TEAM

Joel Alleyne, CMC
(Client Executive)

- Strategic Planning
- Project Management
- Feasibility Studies.
- Financial Management
- Claims Adjudication Systems
- Computer Audit / Control

Mathew Soong, CA

Andre Setton, MA

- Data Network Planning and Implementation
- POS Technology
- Systems Selection.

Ted Klich, P.Eng, CMC

- EDI
- Project Management
- Software Development

Jim Gibson, MBA

- Micro Computer Technology
- Feasibility Studies
- Training and Education

THE NEXT STEPS

- 1) Meeting with CDA
- 2) Commitment of Resources
- 3) Finalizing the Budget
- 4) Establish Framework for the project (Organizational/Legal)
- 5) Clarify Technical Scope
- 6) Identify Potential Vendors

APPENDIX

PRELIMINARY WORKPLAN AND ISSUES

PRELIMINARY WORKPLAN AND ISSUES

LEGAL /ORGANIZATIONAL :

1. Establish a framework for this project including:
 - Who chairs the committees
 - Who is responsible for managing the project.
2. Establish a framework for on-going operation (past January 1990). For example:
 - Two Companies ? (one for Network Operation and other for profiling)
 - How the Company is run.
 - Manpower/hiring Requirements.
 - Space / Facilities Requirements.
 - Preparation of preliminary business plan for network operations & profiling.
3. Define by-laws, charter, etc. for the not-for-profit operation.
4. Revenue and Cost Sharing Arrangement, including:
 - Capital Cost for: equipment & software for profiling operation, equipment & software at the dentist's office, network operations, software development at the insurance companies.
 - Operating Cost for: network, equipment / software maintenance, profiling operation.
 - Revenue from profiling.
 - Revenue per transaction to CDA.
5. Clarify rights to data by insurance companies (participating and non-participating), dental associations, other parties. In addition, you may wish to consider what fees will be charged for the data and analysis for particular parties. What will be provided to insurance companies? CLHIA?

Preliminary Workplan and Issues - cont'd

6. Other security and control issues :

- **Hard copy required.**
- **Patient / Dentist signature.**
- **Audits of claims submission.**
- **Control and audit issues for the network.**

Item 1 above must be resolved before we can issue the RFP document. In the meantime, we should be working on technical / standards issues in preparation for the tendering process.

Preliminary Workplan and Issues - cont'd

STANDARDS :

The claims to be transmitted will be based on the **standard** CDA claim form and procedure codes. We *must* avoid *any* re-negotiation with CLHIA or the Provinces on these standards.

The work to be done in this area will include :

1. Obtain agreement on claim information to be transmitted.
2. Determine what information related to the adjudicated claim is required from the insurance companies. For example, for amounts disallowed, we need "reason codes".
3. Establish ID numbers for insurance companies, dentists, specialist, reason codes, etc.
4. Agree on data formats for dates, phone numbers, etc.,
5. Determine the order in which the data will be transmitted.
6. Review standards with EDI Council of Canada, for their input.

Preliminary Workplan and Issues - cont'd

TECHNICAL ISSUES :

1. Define what we expect the network to do, for example :
 - On-line vs mail box.
 - Non-claims transactions - types and volumes.
 - Other parties (beyond insurance companies and dentists) to the network.
 - Network protocols.
 - Line speed.
 - Hours of operation.
 - Volume and some indication of the traffic pattern.
 - Accounting information for billing purposes.
2. Establish clearly how data is to be edited, formatted and transmitted from the dentist's office to the insurance companies. This will include defining specifications for existing vendors as well as designing stand-alone PC system for preparation and submission of claims. An "entry level" system will be important for the success of this project.
3. Define how data from the insurance companies is to be picked up by the dentists. Again this will outline how data is to be edited, formatted and transmitted.
4. Define how and what data will be captured for profiling.

Preliminary Workplan and Issues - cont'd

TENDERING PROCESS :

1. Preparation for Tendering :

- Identify all prospective vendors through EDI Council, Insurance Companies and Consultants.
- Define evaluation criteria for tendering.
- Assemble RFP document.

2. Vendor Selection :

- Establish "single contact point" between prospective vendors and project team.
- Establish evaluation team and strategy.
- Define the rules of the game, e.g., time table, submission requirements, etc.
- Issue Request For Proposal (RFP).
- Hold Bidders Conference to review RFP and answer questions from vendors.
- Monitor vendor queries and distribute responses to all vendors if appropriate.
- Review and evaluate proposals.
- Develop and agree on a "short list".

Preliminary Workplan and Issues - cont'd

- Notify unsuccessful firms.
- Arrange and attend meetings, demonstrations, benchmarks, etc. with short-listed vendors.
- Summarize and present findings to the steering committee.
- Make final selection (consider 2 for real pencil sharpening !!)
- Inform unsuccessful vendors and conduct debriefing sessions.

3. Contract Negotiation :

- Obtain vendors proposed contract.
- Review and note issues
- Review with legal counsel
- Review with Steering Committee including concerns from legal counsel.
- Negotiate with preferred vendor to have changes made.
- Finalize contract

4. Implementation plan :

- Develop implementation plan - define activities, timing and responsibilities. The plan should be presented as Gantt chart and PERT.
- Present to Steering Committee for approval.

Preliminary Workplan and Issues - cont'd

- Plan for the pilot including scope (geographic, with stand-alone system or as part of a dental office system), timing and duration of pilot run, etc.

Preliminary Workplan and Issues - cont'd

PROFILING OPERATION :

1. Functional requirements from:
 - Provincial Associations
 - Colleges of Dental Surgeons
 - CDA
 - Insurance Companies
2. Input from BC
 - CU&C
 - BC College of Dental Surgeons
 - Knapp Consultants
3. Database design :
 - Centralized vs Decentralized.
4. Choose Hardware and Software for this operation (including Database and Analysis Tools).
5. Develop business plan for profiling / claims Database operation :
 - Mission Statement
 - Relationship with CDA, Provincial Associations and Insurance Companies.
 - Personnel Plan
 - Financial Projections
 - Management and reporting structure
 - Operating issues
6. Develop Systems and Frameworks.

**AD HOC COMMITTEE ON CERTIFICATION AND LICENSURE
OF DENTAL SPECIALISTS**

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

MEMBERS: Dr. Arthur Schwartz, Chairman
 Dr. Henry Dick, NDEB
 Dr. Rod Moran, RCDC
 Dr. James Wright, Chairman, CDA Committee on
 Dental Specialties
 Dr. Pierre-Yves Lamarche, Provincial Licensing
 Authority
 Mr. Brian Henderson, Director, Education and
 Accreditation

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

As directed by Executive Council the Ad Hoc Committee on Certification and Licensure of Dental Specialists has met and produced an initial position on the subject of certification and licensure of dental specialists. The Committee has attempted to outline a principles approach and identify, as a first step, the principles underlying an "ideal" system or approach to national certification and provincial recognition of specialists. Following the identification of such principles it should be easier to measure the difference between the current situation and the ideal and to propose initiatives which might assist all of the groups concerned to move towards the ideal.

The Committee has circulated a discussion paper outlining the fundamental principles it has identified and inviting comment in response. The Committee has also indicated that it intends to hold hearings for presentations and responses early next fall.

The following six principles have been identified:

1. The process of granting a national certificate in a dental specialty must recognize the authority of licensing bodies in each province.
2. Provincial Licensing bodies should recognize and grant provincial specialty certification to specialists holding a national certificate.
3. The process of granting a national certificate in a dental specialty must be in harmony with national standards for educational programs preparing specialists.

AD HOC COMMITTEE ON CERTIFICATION AND LICENSURE - 2 -
OF DENTAL SPECIALISTS

4. The process of granting a national certificate in a dental specialty must be based upon examination of individual candidates.
5. The process of granting a national certificate in a dental specialty must provide for the examination of provincially licensed dentists who are graduates of non-accredited, university-based programs in the dental specialties.
6. The introduction of a new process of granting a national certificate in a dental specialty must initially grant a national certificate to dental specialists holding provincial certification in a recognized specialty at the time the new process is introduced.

The Committee intends to review written responses and information presented at hearings and to prepare a series of recommendations on how the Canadian Dental Association might encourage movement from the existing situation towards the "ideal". The Committee's final report will be submitted to the meeting of Executive Council held prior to the 1990 Interim Meeting of the Board of Governors.

Respectfully submitted,

Dr. Arthur Schwartz, Chairman
Ad Hoc Committee on Certification and
Licensure of Dental Specialists

ADOPTION OF REPORT

The Board of Governors accepts the report of the Ad Hoc Committee on certification and licensure of dental specialists with appreciation.

PROFESSIONAL RESOURCE UTILIZATION COMMITTEE

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. D.E. MacFarlane, Chairman - Vancouver
Dr. W. Bedford, Ottawa
Dr. K.C. Bentley, Montreal
Mrs. P. Johnson, Willowdale
Dr. R. Salois, Sherbrooke
Rev. R. Thomas, Scarborough

Coordinator: Mrs. S. Deziel

1. Committee Meetings

The Professional Resource Utilization Committee met in Ottawa, on April 14, 1989. This was the first meeting of the Committee since January 10, 1987; the Committee is now chaired by Dr. MacFarlane.

ITEMS REQUIRING BOARD ACTION

2. Strategic Plan for Professional Resource Utilization in Canada - Updates to the CDA Manpower Studies

The Committee reviewed the strategic plan for professional resource utilization in Canada, which was presented to the Board at the 1989 Interim Meeting. The goal of the strategic plan, quoted below, was endorsed by the Committee and the data requirements necessary to reach this target were discussed at length.

"To establish an ongoing Committee activity which will monitor this multi-faceted problem, and provide the impetus for the research of those components which will provide the data required for sound planning decisions for both the near term and into the future".

The Committee examined information prepared by R.K. House and Associates at the request of the Chairman, outlining the cost associated with updating the existing CDA manpower supply and demand studies, and identifying additional data

APPENDIX I

requirements. In reviewing the data needs, the Committee stressed that every effort must be made to avoid duplication in light of provincial studies on procedure frequency, being conducted on a regular basis and data available from the provincial dental directors concerning children and seniors dental plans. The CDA gallop poll information gathered in conjunction with the dental awareness program will also be examined to see if it might augment existing information.

Updating of the estimate of full-time equivalents should include data on denturists and dental therapists, in order that it identify all dental personnel who deliver care directly, as identified in the strategic plan.

In reviewing the demand study data needs identified by Dr. House, it was the decision of the Committee that a Delphi exercise workshop is not required at the present time. The Committee felt the exercise should be done every four (4) to five (5) years, unless major findings from the United States warrant a further review.

As the Board is aware, a meeting is being arranged between Dr. Zakariasen and Dr. House to review current provincial processes against national practice profile needs. The information derived from this joint effort will be utilized towards the updating of the manpower demand studies.

RESOLVED:

- 89.72 THAT the Board approve the updating and extension of the CDA manpower studies as outlined in the proposed budget for a total expenditure of twenty-five thousand dollars (\$25,000) for 1989.

ADOPTED

In keeping with the goal of the strategic plan, the Committee recommended:

RESOLVED:

- 89.73 THAT the CDA Board of Governors allocate a sum of twenty-five thousand dollars (\$25,000) annually until 1994 towards the updating of the model, and to allow for the checking of real changes against predictions and fine tuning of the model to improve reliability.

TABLED

Board of Governors receives this as information, and defers to the Executive Council Planning Session.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION3. National Dental Epidemiology Project

The working group for a national dental epidemiological project under the chairmanship of Dr. Gordon Thompson has received partial funding from the Alberta and Quebec governments. As a result of this provincial support, the Canadian Dental Association has funded a meeting of this working group; the meeting was held in Ottawa, on April 2-4, 1989. The Committee has re-drafted its initial proposal to NHRDP, in order to encourage federal government support. The revised submission focusses on survey information on the adult population.

4. Review of 1988 Graduate Numbers and the 1989 Student Enrolment Figures

The Committee reviewed graduate and enrolment figures provided recently by Canadian dental faculties. Numbers were not available for the University of Toronto at the time of the Committee meeting, however, these numbers have since been received, and are included in the appended summary. The Committee will continue to monitor adjustments within the overall framework of the strategic plan. Communication with the Deans of dental faculties will continue with regard to data projections for future professional resource requirements. The Chairman will review the most optimal time to meet with the Deans to communicate further on the CDA strategic plan.

APPENDIX II

5. Enrolment in U.S. Dental Schools

The Committee expressed concerns regarding the number of Canadians enrolled in U.S. dental schools and their potential impact. It is known that a number take the N.D.E.B. examinations following graduation, and that despite efforts to control enrolment in Canadian schools, U.S. graduates may off-set any progress made. Statistics on N.D.E.B. graduates from dental programs outside of Canada and in the United States are appended.

APPENDIX III

6. Supply - Dental Hygienists

The Committee reviewed information on the current supply of hygienists and discussed the under-supply in certain geographic regions of the country. The Committee also reviewed data provided in PROBE outlining the findings of the Canadian Dental Hygienist's study. The Committee felt that it may be advisable to review the curriculum for dental assistants to see if adjustments to that curriculum are warranted to facilitate the movement of individuals from employment as assistants to employment as hygienists.

7. Future Concepts to Effect Control of the Supply of Dental Manpower

The Committee discussed future concepts and strategies which could have a bearing on the control of input to and output from the dental profession, with the overall objective of improving the quality of the dental manpower pool. On the input side, the prelicensure concept was reviewed, and it was agreed that this item would be brought to the ACFD Task Force on Strategic Planning by Dr. MacFarlane, who is the CDA representative to this group. On the output side, the topics of peer review and continuing education were discussed. The Committee will communicate with the licensing bodies to gather information on quality assurance and peer review mechanisms available or desirable in their jurisdiction, and also on their requirements for mandatory continuing education.

8. Communication Strategy - Professional Resource Utilization

The Committee plans to communicate activities concerning professional resource utilization through the CDA Journal or Communiqué. The Committee also views it essential to make sure that valid information is communicated to the public, and those in the educational process in terms of the realities of dentistry as an occupation in the future.

9. Future Meetings - Professional Resource Utilization Committee

At the present time, it is anticipated that additional meetings of the Professional Resource Utilization Committee may be required in the future. The Chairman will be reviewing this situation in conjunction with the Board's deliberation on the updating and expansion of the manpower studies, and any requests for additional funding will be presented to the Board via budget proposals for the Committee.

Respectfully submitted,

Don E. MacFarlane, Chairman
Professional Resource
Utilization Committee

ADOPTION OF REPORT

The Board of Governors accepts the report of the Professional Resource Utilization Committee with appreciation.

THE UPDATING OF THE CDA MANPOWER STUDIES

INTRODUCTION

Dr. Don MacFarlane, on behalf of the CDA, has asked that we prepare a proposal for the updating the CDA manpower studies and that we also consider and present a proposal for certain specific extensions of the CDA manpower studies. This memorandum is our response to Dr. MacFarlane's request.

As a preliminary comment, we would like to draw attention to the fact that we have been responsible for much of the technical development of the CDA "Manpower" studies and that while CDA has a priority interest in the computer models and the data bank, both the models and the data are still in our possession. To the extent that it is practical and prudent to do so it is our intention to utilize the methods and procedures that have been employed in the earlier studies. There are two reasons for this: first, it is more economical to build upon the foundations that have already been laid, and secondly, many people within the profession have become familiar with the procedures and those who have examined them in detail have generally approved the methodology; in fact some have felt that it was very innovative and superior to comparable efforts in other countries.

The decision to update the manpower studies does provide an opportunity to review the methodology. Because of our involvement in this area we have continuously monitored developments in the estimation of manpower supply and demand and the approaches that have been undertaken by other researchers in other countries. It is our opinion that the methodology that has been developed in Canada is superior to the approaches that have been taken elsewhere, that it is built upon a much more precise and exacting data base and that the models are much more flexible in terms of their abilities to explore policy options. In view of this it would appear to be retrogressive to attempt to replicate the methodologies that have been employed elsewhere.

A last but further important consideration in recommending that the fundamentals of the existing methodology be employed is the issue of comparability. The CDA studies have played an important and sometimes controversial role in the development of policy and in attitudes. There has been more than a little curiosity about what would be found out if the models were to be updated and recalibrated for the situation as we currently find it: would the original predictions of the studies remain valid. This is an important question and a question that can only be addressed by "doing it over."

The original CDA studies were supplemented by data that had been generated for other purposes for some of the provincial associations. The provincial data bases that were used in the original studies have been expanded and improved over the intervening years and we now have more and better information on the frequency and the time that it takes to preform specific procedures. Just as we used provincial data in the original

studies to supplement the CDA effort it is our intention to use, where possible, the existing provincial data bases. We do not have authorization from the provincial Colleges and Associations to use their proprietary data in the proposed studies but we feel that they will be happy to allow the data to be used if appropriate concerns over confidentiality are met.

THE FORMAT OF THE ORIGINAL STUDIES

The original CDA studies consisted of three major research efforts and were completed at different periods of time. The studies were intended to dovetail with each other and to provide some conclusions about the relative over- or under-supply under a variety of assumptions.

There were three principal studies. The first consisted of the SUPPLY STUDIES which attempted to identify the existing stock of full-time dentists or "equivalents", and the stock of dental auxiliaries employed by the profession, and provided estimates of how that stock would change over the ensuing twenty years. The second major study was the DEMAND STUDY. This study identified the existing demand for dental services by types of services. This baseline was then translated into the time that was required to provide the existing level of service so that it was possible to determine the degree of underemployment of the current stock of manpower. The baseline estimates of demand were then used in a modified Delfi method to draw upon the expertise of a number of professionals to identify what might happen to the demand for individual dental services given various assumptions about changes in epidemiology and technology that might take place for the next twenty years. These forecasts provided estimates of the number of dental procedures that would be required to be preformed on the population and took into account the expected changes in the demographics of the population.

The third study integrated both the supply and demand studies which provided, in the case of the supply study, the total amounts of dentists' and auxiliaries' time that would be available in future periods and, in the case of the demand study, the total amount of time that would be required to preform the services that will be demanded. This provided a common denominator from which it was possible to identify the number of dentists and dental auxiliaries that would be required to provide the services demanded. These estimates of required manpower were then compared directly with the estimates of the stocks of dentists and dental auxiliaries to determine the degree of "over supply" of dental manpower. The final stage of this study examined the impact that specific reductions in the enrollment in dental schools would have on the matching of supply and demand in the future.

PROPOSED EXTENSIONS TO THE ORIGINAL STUDIES

The original studies were designed to answer a specific question. The question was whether or not there would be reason to believe that there would be a surplus of dental manpower in the future. The unequivocal answer was yes. Unfortunately, the original studies left some rather obvious questions unanswered.

The study was a national study and it looked at the national picture. It was able to identify how dentists would migrate between provinces and what the stock of manpower would be in each province but it could not deal with the question of whether there would be a wholly appropriate distribution of dentists within provinces. The problems was matched by a comparable problem on the demand side. Demand was not determined on a regional basis either; it was purely a national estimate. These problems are not as limiting as they might first appear because there is evidence that dentists distribute themselves fairly effectively in response to demand. The fact there are not dentists in some rural areas often reflects the fact that such areas would be unable to support a dentist.

A more troublesome problem with the studies was that they indicated that there would be even greater increases in the numbers of dental auxiliaries than in the number of dentist. This would seem to inevitably lead to the question: if cuts in enrollments in training facilities are needed where should the cuts be made? For example, what is the optimal target ratio of hygienists to dentists? The original studies did not attempt to answer this question. This is a relatively complicated question and surprisingly, it takes us back to the problem of the provision of dental services in rural and less densely populated areas. An optimal mix of dentists and auxiliaries in urban areas will not be an optimal or even sustainable mix in the more remote areas. Some rural areas may be capable of supporting a dentist but may not have a sufficiently large patient pool to support a full optimally designed dental team.

A further problem in this area is not only the identification of the optimal dental team but the number, or percentage of dentists that would be motivated to organize an optimal team. In spite of economic incentives to organize optimally configured teams some dentists will prefer to work within different configurations. These differences could be in both directions, some may over utilize auxiliaries and some may under utilize auxiliaries. This will make the estimation of the desired number of auxiliaries and dentists somewhat more complex, but more realistic, than simply assuming that all practices will be optimally organized.

An issue that was addressed only briefly in the previous studies, but which will require more extensive treatment if we are to get a realistic picture of future demand for dental services, was the issue of utilization rates. The earlier studies addressed the complex issue of how a utilization rate could be defined and what interpretation could be given to various definitions but they did not undertake any extensive analysis of how the utilization rate may change over time.

BUDGET REQUIREMENTS FOR THE UPDATING AND EXTENSION OF THE DENTAL MANPOWER STUDIES

SUPPLY STUDIES: The supply side studies will consist of the following modules or sub-studies:

Review of provincial Registration Records and auxiliary association records to develop a "clean" and consistent data base on the current manpower stocks by age, sex and "status" for each of the provinces. Amongst other things this requires the elimination of multiple registrations, establishing a common date across all provinces at which to establish the base stock estimates, consistently identifying the active and non-active status of dentists and dental auxiliaries, etc. Cost \$5,000.

Re-estimate Migration Equations using the provincial registration data in order to be able to project future changes in the migration of dentists from one province to another. Cost \$2,500.

Update Retirement, Mortality, and Withdrawal Rates by age and sex using the provincial registration data in order to estimate the future attrition both to the base manpower stocks and to future additions to the manpower stocks. Amongst other things this requires an estimation of the permanent and/or temporary withdrawal of female dentists as a result of child bearing, the return of dentists to continuing education, the change to and from part-time status, etc. Cost \$1,500.

Estimate of Full Time Equivalents by translating of the stock of manpower available into hours available to practice clinical dentistry. This requires estimates of full-time vs. part-time dentists and auxiliary staff, of registered dentists who are actively practicing dentistry rather than teaching, etc., and of the time that dentists and auxiliary staff spent in "clinical" vs. administrative or support activities, etc. Cost \$1,000.

Review Specialists' Trends to develop factors to account for the absorption of G.P.s into specialists' ranks, etc. Cost \$800.

Review Enrollment and Graduation data from dental and dental auxiliary training institutions to establish the additions to dental manpower stocks. Amongst other things this includes establishing the destination of graduates by country and by location in Canada. Cost \$1,700

Review trends in Immigration and Emigration and government policy and "points system" to determine the additions to, and withdrawals from the dental manpower stocks through dentists migrating into and out of the country. Cost \$800

Prepare Manpower Supply Projections under various scenarios. Cost \$1,200.

Writing and preparation of reports, Cost \$2,500.

Total Cost of Supply Studies \$17,000.

DEMAND STUDIES:

Review demographic trends and projections. Cost \$1,200.

Preparation of base line estimates of total demand for services for 1989 from various provincial sources. This includes combining Procedure Time and Frequency survey data with demographic data. Cost \$4,800.

Preparing Material for and Conducting Workshop I, Cost \$4,000.

Preparing Material for and Conducting Workshop II, Cost \$2,000.

Writing and preparation of report. Cost \$2,500.

Total cost of Demand Studies, \$14,500.

OPTIMAL MANPOWER REQUIREMENTS:

Estimates of population utilization rates using provincial Economic Survey data on frequency of patient visits, expenditures, insurance coverage, etc., and using private and government insurance data. Cost \$3,000.

Estimate of regional dental requirements. Cost \$4,000.

Identification of "Optimal" dental teams based on procedure frequency and time mix of the demographic demand by region, and regional population dentist ratios. Cost \$7,000.

Writing and preparation of report. Cost \$2,500.

Total cost of Optimal Manpower Requirements, \$16,500.

MEETINGS, TRAVEL, TELEPHONE ETC:

Cost, \$2500

TOTAL ESTIMATED COST OF PROJECT: \$50,000

APPENDIX II

SUMMARY OF ENROLMENT FIGURES

<u>University</u>	<u>1988 Graduates</u>	<u>1988-1989</u>					<u>1989-90 1st</u>
		<u>5th</u>	<u>4th</u>	<u>3rd</u>	<u>2nd</u>	<u>1st</u>	
			<u>Enrolment</u>				
Alberta	45		45	-	-	50	40
British Columbia	37		41	38	39	41	-
Dalhousie	44		38	-	-	33	-
Laval	29		41	-	-	45	-
Manitoba	29		30	-	-	26	-
Montreal	72		76	-	-	83	-
McGill	39		35	41	38	25	30
Saskatchewan	16	18	20	-	-	21	-
Toronto	104		88	98	99	105	64
Western Ontario	39		41	40	40	40	
Total	454	18	455			469	

		1988		
N.D.E.B. Graduates of Dental Programs outside Canada & U.S.	No. of candidates	% Success.		Total
- May	27	44		12
- August	29	38		11
- December	24	33		<u>8</u>
Total				31

N.D.E.B. Graduates* of Dental Programs in Canada & U.S.	No. of candidates	1988		Total
			% Success.	
- May	14		14	2
- August	14		29	4
- December	13		38	<u>5</u>
Total				11

*These statistics in fact represent graduates from U.S. programs only.

TABLE 9 (Cont.)

1987/88

Dental School	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	U.S. Possessions	Puerto Rico	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland	Nova Scotia	Ontario	Prince Edward Island	Quebec	Saskatchewan	Other Countries	Total
University of Alabama	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	50	
University of the Pacific	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	144	
University of California, San Francisco	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89	
University of California, Los Angeles	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92	
University of Southern California	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	131	
Loma Linda University	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	76	
University of Colorado	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	
University of Connecticut	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	41	
Georgetown University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Harvard University	—	1	—	—	—	2	—	—	2	—	—	—	—	—	2	—	—	—	—	—	—	1	—	—	—	24	67	
University of Florida	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	78	
Emory University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Medical College of Georgia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	50	
Loyola University	—	1	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	90	
Northwestern University	—	2	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	3	—	—	—	4	96	
Southern Illinois University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51	
University of Illinois	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	95	
University of Iowa	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	71	
University of Kentucky	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	73	
University of Louisville	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46	
Louisiana State University	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	50	
University of Maryland	—	14	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	108
Harvard University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	23	
Boston University	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	10	—	—	—	—	—	1	—	—	—	—	67	
Tufts University	—	1	3	7	1	—	—	—	3	3	1	—	—	—	—	4	—	—	—	—	—	—	—	—	—	16	145	
University of Detroit	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	—	—	—	67	
University of Michigan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	64	
University of Minnesota	—	—	—	2	—	1	—	—	—	—	—	—	16	—	—	—	—	—	—	—	—	3	—	—	—	—	93	
University of Mississippi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	
University of Missouri, Kansas City	—	1	—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	3	—	—	—	1	103	
Washington University, St. Louis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	46
Crofton University	—	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	88	
University of Nebraska	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89	
Fairleigh Dickinson University	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	81	
U. of Medicine and Dentistry of New Jersey	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	
Columbia University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	64	
New York University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87	
State University of New York, Stony Brook	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87	
State University of New York, Buffalo	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	
University of North Carolina	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	75	
Ohio State University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	139	
Case Western Reserve University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89	
University of Oklahoma	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49	
Oregon Health Sciences University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89	
Temple University	—	1	69	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	112	
University of Pennsylvania	—	28	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94	
University of Pittsburgh	—	79	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	84	
Medical University of South Carolina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
McHerry Medical College	—	—	—	—	—	42	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	
University of Tennessee	—	—	—	—	—	—	76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80	
Boyle College of Dentistry	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
University of Texas, Houston	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
University of Texas, San Antonio	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Virginia Commonwealth University	—	—	1	—	—	—	—	5	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90	
University of Washington, Seattle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
West Virginia University	—	—	2	—	—	—	1	—	—	—	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42	
Roosevelt University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
University of Puerto Rico	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	
Total	51	229	12	41	8	122	270	46	4	70	44	33	51	2	0	119	0	0	0	0	0	0	53	0	3	0	125	4,370

TABLE 9 (Cont.)

1986/87

Dental School	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Virginia	Washington	West Virginia	Wisconsin	Wyoming	U.S. Possessions	Puerto Rico	Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland	New Scotia	Ontario	Prince Edward Island	Quebec	Saskatchewan	Other Countries	Total
University of Alabama	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54
University of the Pacific	—	1	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	129
University of California, San Francisco	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	86
University of California, Los Angeles	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92
University of Southern California	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	127
Loma Linda University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	67
University of Colorado	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	35
University of Connecticut	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42
Georgetown University	—	17	1	1	—	—	—	—	14	—	—	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—	134
Howard University	—	1	—	1	—	1	1	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	31	—	84
University of Florida	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	74
Emory University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medical College of Georgia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54
Loyola University	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	78
Northwestern University	—	—	—	—	1	—	—	1	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	6	—	104
Southern Illinois University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49
University of Illinois	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	134
Indiana University	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	87
University of Iowa	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	74
University of Kentucky	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52
University of Louisville	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62
Louisiana State University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57
University of Maryland	—	13	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	91
Harvard University	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	23
Boston University	—	2	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	2	—	—	—	—	48
Tufts University	—	1	8	1	—	—	2	—	3	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	129
University of Detroit	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—	55
University of Michigan	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	96
University of Minnesota	—	2	—	2	—	—	—	—	—	—	—	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	105
University of Mississippi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27
University of Missouri, Kansas City	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	103
Washington University, St. Louis	—	—	—	—	—	—	—	1	2	3	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	53
Creighton University	—	3	—	2	—	1	13	—	3	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	77
University of Nebraska	—	—	—	—	—	1	—	5	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	56
Fairleigh Dickinson University	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	75
U. of Medicine and Dentistry of New Jersey	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85
Columbia University	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	—	69
New York University	—	2	—	—	—	—	—	—	1	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	156
State University of New York, Stony Brook	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
State University of New York, Buffalo	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	80
University of North Carolina	—	8	1	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	77
Ohio State University	—	5	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	1	—	—	—	—	124
Case Western Reserve University	—	8	—	—	—	—	1	—	3	2	—	—	—	—	2	—	—	—	—	—	—	3	—	—	—	—	90
University of Oklahoma	—	—	—	1	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	53
Oral Roberts University	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oregon Health Sciences University	40	—	—	—	—	—	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65
Temple University	—	72	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	103
University of Pennsylvania	—	27	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	87
University of Pittsburgh	—	95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	96
Medical University of South Carolina	—	—	—	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52
Meharry Medical College	—	—	—	—	—	8	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48
University of Tennessee	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	89
Baylor College of Dentistry	—	—	—	—	—	83	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	96
University of Texas, Houston	—	—	—	—	—	92	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93
University of Texas, San Antonio	—	—	—	—	—	90	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	98
Virginia Commonwealth University	—	2	—	—	—	—	10	55	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	91
University of Washington, Seattle	—	—	—	—	—	—	—	—	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52
West Virginia University	—	5	—	—	—	—	—	—	—	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	39
Marquette University	—	1	—	—	—	—	—	—	—	4	31	—	1	17	—	1	—	—	—	—	—	1	—	—	—	—	106
University of Puerto Rico	—	—	—	—	—	—	—	—	—	—	—	—	—	60	—	—	—	—	—	—	—	—	—	—	—	—	60
Total	42	282	3	43	8	51	277	46	85	74	32	53	5	1	114	1	8	0	0	0	0	17	0	0	1	111	4,554

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. G.H. Peacock, Chairman, Saskatoon
Dr. M.J. Crompton, Moncton
Dr. M.J.R. Leitch, Kelowna
Dr. R.R. Schiewe, Thunder Bay
Mr. A.J. Neilson

Executive
Liaison: Dr. R. Wenn, Charlottetown

Coordinator: Mrs. S. Deziel

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Council Meetings

Since the 1989 Interim Canadian Dental Association Board of Governors Meeting no meetings of the Council have been required.

2. It is noted that Dr. M.J.R. Leitch is completing his second term on the Council on Constitution and By-laws. Sincere appreciation is extended to Dr. Leitch for the valued contributions he provided to the business of the Council during his two terms as a member.

Respectfully submitted,

George Peacock, D.D.S.,
Chairman, Council on
Constitution and By-Laws

ADOPTION OF REPORT

The Board of Governors receives the report of the Council on Constitution and By-Laws as information.

COUNCIL ON EDUCATION AND ACCREDITATION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. A. Schwartz, Chairman, Manitoba Dr. R. Brooke, London Dr. H. Dick, Edmonton Dr. G. Dubé, Lachute (alternate) Dr. D. Fletcher, Edmonton Ms. M. Forgay, Halifax Dr. B. Graham, Halifax Dr. L. Harder, North Battleford Dr. A. LaBounty, Kelowna Dr. M. Lakso, Manitoba Dr. J.H.P. Main, Toronto Mrs. M. Paquin, Vancouver Ms. J. Robarts, Welland Dr. G. Rocky, Vancouver Dr. J. Thompson, Saint John Dr. G. Thompson, Edmonton
Absent:	Dr. R. Salois, Sherbrooke Dr. M. Shildkraut, Montreal
Executive Liaison:	Dr. R. Wenn, Charlottetown
Observer:	Dr. C. Miller, Assistant Executive Director, Division of Education, American Dental Association
Staff:	Mr. B. Henderson, Director Education and Accreditation Miss S. Matheson, Associate Director Education and Accreditation Miss L. Teteruck, Director of Communications Mrs. L. Emmerson, Coordinator of Accreditation

1. Council Meetings

The Council on Education and Accreditation met on October 24th and 25th 1988 and reported to the 1989 Interim meeting of the CDA Board of Governors. The Council has since met on June 5th and 6th 1989; the Closed Session of Council was held on the afternoon of June 5th following meetings of Committee 1 and 2. The Open Session of Council took place on June 6th.

ITEMS REQUIRING BOARD ACTION2. Revision of Oral & Maxillofacial Surgery Accreditation Requirements

Council has reviewed comments received on a draft revision of the "Requirements for Approval of a Graduate/Postgraduate Program in Oral & Maxillofacial Surgery". The document submitted for approval incorporates revisions designed to maintain reciprocity with the American Dental Association processes and amendments suggested by the Canadian Association of Oral & Maxillofacial Surgery.

APPENDIX I

RESOLVED:

- 89.74 THAT the CDA Board of Governors approve the attached revised version of the "Requirements for Approval of a Graduate/Postgraduate Program in Oral & Maxillofacial Surgery". (Appendix I)

ADOPTED

3. Global Revision of all Specialty Requirements

As part of its discussion of requirements for graduate/postgraduate programs in Oral & Maxillofacial Surgery, the Council indicated that the section describing the accreditation requirements governing the qualifications of Directors had been revised to require that the Director of a specialty program must possess advanced education in the related specialty and should qualify for membership or fellowship in the Royal College of Dentists of Canada. The previous wording implied "should" rather than "must".

Council believes that this change should be a global requirement introduced in each of the specialty requirements.

RESOLVED:

- 89.75 THAT the Board approve the global revision of all the accreditation requirements for dental specialties to incorporate the following new wording: "the director of a specialty program must possess advanced education in the related specialty and should qualify for membership or fellowship in the Royal College of Dentists of Canada".

ADOPTED

4. Specialty Representation on the new Councils on Education and Accreditation

As directed by the CDA Executive Council, the subject of specialty representation on the new Councils on Education and Accreditation was reviewed at the June meeting of Council.

Council has reviewed current provision for the representation of the dental specialties on these Councils and it was felt that a representative of the dental specialties should be added to the Council on Accreditation. The 1990 budget for the new Council includes provision for an additional member.

RESOLVED:

89.76 THAT the Committee on Dental Specialties nominate a member to the CDA Council on Accreditation; and,

THAT the CDA Council on Constitution and By-Laws be requested to make the necessary changes to the by-laws to reflect this addition.

ADOPTED

5. Accreditation Requirements Governing Admissions Procedures

At the June 1988 meeting, Council directed its Committee on Documentation to conduct an extensive study of accreditation requirements governing admission procedures. Council has concluded that the accreditation process should include an evaluation of admissions policies and procedures. There is potential -- in any process governing admission to a professional program -- to violate human rights, to influence the future quality of the profession, to endanger the health or safety of students, faculty and the public. The subject was drawn into question, however, because the University of Toronto has objected to the requirement that the CDA Dental Aptitude Test be administered as an element within the Admissions process. A Discussion Paper was circulated on this topic by the Committee on Documentation and the Council approved the recommendations proposed by the Committee.

RESOLVED:

- 89.77 THAT the CDA Board of Governors reaffirm the importance, within the accreditation process, of the evaluation of admissions policies and procedures of educational programs cooperating in the accreditation process.

ADOPTED

RESOLVED:

APPENDIX II

- 89.78 THAT the existing section on Admissions Standards in the document "Requirements for Approval of a Program Leading to a DDS/DMD Degree" be replaced with the wording as set out in Appendix II.

ADOPTED

RESOLVED:

- 89.79 THAT paragraph 3 on page 1 of the document "Requirements for Approval of a Program Leading to a DDS/DMD Degree" be replaced with the following:

In addition, Council requires the cooperation of programs in studies related to the improvement of the accreditation process and in the administration of specified national mechanisms identified as important to the common interests of education, accreditation, the dental profession and the public. Educational programs in dentistry are expected to cooperate in completing annually the ADA/CDA Annual Survey of Schools. Programs must ensure the administration of the CDA Dental Admissions Test to contribute to the national data base on the overall pool of applicants.

ADOPTED

6. Information Sharing With Licensing Authorities

Council gave consideration to a means of sharing information in survey reports with Licensing Authorities in a fashion consistent with the policies of the Council. The following conclusions are presented as recommendations for approval of the CDA Board of Governors:

RESOLVED:

- 89.80(a) THAT the Director of Accreditation inform the appropriate licensing authority of the specific accreditation status awarded to an educational program and indicate that the program has been requested to forward to them a copy of the accreditation survey report.
- (b) THAT the Director of Accreditation inform the National Dental Examining Board of Canada of the specific accreditation status awarded to a program leading to a DDS/DMD degree.
- (c) THAT the official letter sent to the educational program to convey an accreditation status routinely include a paragraph recommending that the educational program send a copy of the accompanying accreditation survey report to the licensing authority.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Appointment of Associate Director Education & Accreditation

I am pleased to inform you that Miss Susan Matheson joined CDA on May 15, 1989 as Associate Director of Education and Accreditation. Miss Matheson will also serve as Coordinator of the Committee on Third Party Dental Plans. Miss Matheson is a graduate of Dalhousie University in Dental Hygiene and was previously employed as the Coordinator of the Dental Hygiene program at Niagara College in Welland Ontario.

8. Report of the Continuing Education Committee

The Chairman of the Continuing Education Committee, Dr. Gordon Thompson, reported on issues currently before this Committee. The following were identified as Committee priorities:

- (a) Clarification of SL/SA project status and provision of information to the Council on Education and Accreditation and CDA Executive Council.
- (b) Exploration of feasibility of a proposed meeting on Continuing Education to be held in conjunction with the 1990 CDA Annual Convention. Development of an outline of the meeting at the next meeting of the Committee.
- (c) Submission to Continuing Education Departments at Faculties of Dentistry across Canada of a request for assessment forms employed to determine satisfaction with Continuing Education offerings as well as any information on Continuing Education research activities which might be of interest nationally.
- (d) Exploration of the possibility of the CDA Journal carrying a quarterly update of Continuing Education offerings across Canada.

With respect to the status of the Self-Learning/Self-Assessment project, appropriate information has been received from the National Dental Examining Board of Canada and the project is continuing under the administration of a separate corporation established through the NDEB for this purpose.

8. Revision of Clinical Outcomes Review and Evaluation (C.O.R.E.) Program

The Clinical Outcomes Review and Evaluation (C.O.R.E.) Program used by Council as a systematic approach to the evaluation of arrangements for clinical education programs in dentistry has been revised following Council's analysis of experience in the first two years of administration of the program as well as comments received in response to

the wide spread distribution of C.O.R.E. documentation. The changes amount to fine tuning of the procedures involved and copies of C.O.R.E. documentation are available upon request.

9. 1988 CDA Teaching Conference on Continuing Education APP. III

The 1988 CDA Teaching Conference was on the topic of Continuing Education and was held on June 17-18, 1988 at Le Nouvel Hotel in Montreal. The Conference came about because of the interest of dental educators and national and provincial dental bodies, especially licensing authorities, in sharing information about problems and projects, frustrations and aspirations. The Conference was well attended and the overall report on the Conference and its recommendations are presented in Appendix III.

10. 1989 CDA Teaching Conference

The 1989 CDA Teaching Conference entitled "Ethics in Canadian Dentistry and Dental Education" is scheduled to be held at l'Hotel in Toronto, September 15-16, 1989 with Dr. Bruce Graham as Chairman. The Conference should prove to be informative and timely as the profession looks toward the 1990's and beyond.

11. 1990 CDA Teaching Conference

Council on Education and Accreditation, on the recommendation of the Association of Canadian Faculties of Dentistry has chosen the topic of "Nutrition in Dental and Dental Hygiene Curricula" as the topic of the 1990 Teaching Conference. Mrs. Nina Burgess (University of Toronto) has been invited to serve as Conference Chairman.

12. DAT Committee Report

Council reviewed a comprehensive report submitted by the Dental Admissions Test Committee chaired by Dr. Ian Bennett. This Committee is highly active in the continuing revision and improvement of the CDA Dental Aptitude Test, its administration and other initiatives related to admissions processes in university dental programs. The Committee monitors the applicant pool in Canada and has expressed concern about recent trends. It was noted that over the past three years there has been a substantial decline in applicants. In 1985-86, 1919 applicants were tested. The following year, there was an overall reduction of 130 applicants. This was due to an almost 50% decline in Ontario applicants partially

compensated for by an almost 35% increase in applicants from Quebec. In 1987-88, the program saw a further decline of 258 applicants. This was due to a decrease in applicants from Quebec to close to 1986-87 levels and another 15% decline from Ontario. In 1988-89 the Program tested 1321 applicants, a drop of 210 from the previous year. Contrary to previous years, this decline occurred at test centres across the country. The University of Toronto, in fact, showed a small increase in applicants over 1987-88 figures.

This marked decrease in applicants over the past three years has created concern among Committee members. Not only is the Committee concerned about the financial viability of the testing program, but also about the quality of applicants applying to dental school, and the overall impact of a declining applicant pool.

In 1986-87 and 1987-88, the Committee attributed most of the decline in applicants to Toronto's decision to no longer require the DAT for admission purposes, and to a levelling out of Quebec applicants. For the first time this year, the Program's declining numbers cannot be attributed to these two factors, but to an overall decline at most test centres. This has led the Committee to question whether Canada is now experiencing a decline in applicants like the one in the U.S. where there has been a consistent downward trend of 9-10% each year since 1983.

The Committee feels that this trend toward decreasing applicants for the DAT is significant and if it continues, will seriously impact on the quality of applicants to Canadian dental schools.

The DAT and Dental School Performance

The Division of Educational Measurement of the ADA has conducted predictive validity studies on the DAT using college grade point averages, with grades obtained in the first two years of dental school. These studies show that the DAT academic average is the single best overall predictor of dental school performance.

The best prediction of first and second year dental school performance is achieved when the separate components of the DAT are combined with the predental GPA and the AADSAS science GPA.

Council reviewed and approved the following increases in DAT fees for the 1989-90 budget:

\$90.00 per applicant
\$95.00 per applicant writing at the University
of Toronto

1990-91 budget:

\$100.00 per applicant
\$105.00 per applicant writing at the
University of Toronto

13. Reports

Council received reports from the following organizations with thanks:

Association of Canadian Faculties of Dentistry
Canadian Dental Assistants' Association
Canadian Dental Hygienists' Association
Canadian Fund for Dental Education
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Student Affairs Committee

14. Surveys

Reports on the following programs were reviewed at the June meeting of Council:

University of British Columbia Undergraduate Program
University of British Columbia Graduate/Postgraduate
Periodontics Program
Dental Internships - University Hospital - UBC Site
University Hospital - Shaughnessy Site Cancer Control
Agency of British Columbia
Vancouver General Hospital
British Columbia Children's Hospital

University of Western Ontario Undergraduate Program
University of Western Ontario Graduate/Postgraduate
Orthodontics Program
University of Western Ontario Graduate Program in
Pathology with Training in Oral Pathology
Dental Internships - University Hospital
Victoria Hospital
St. Joseph's Hospital
McGill University - Undergraduate Program Progress Report

Laval University - Undergraduate Program Progress Report

Nova Scotia Institute of Technology - Dental Assisting

Cegep de Chicoutimi - Dental Hygiene

Cegep de l'Outaouais - Dental Hygiene

15. Summary

The Council on Education and Accreditation has one further meeting before the introduction of the new system of separate Councils on Education and Accreditation. Council continues to recognize and carry out its responsibilities related to education and accreditation and on behalf of Council members I would like to express appreciation for the support provided in this regard by Mr. Brian Henderson, Director of Education and Accreditation and Mrs. Lorraine Emmerson, Coordinator of Accreditation.

Respectfully submitted,

Dr. Arthur Schwartz,
Chairman
Council on Education &
Accreditation

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Education and Accreditation with appreciation.

**REQUIREMENTS FOR APPROVAL OF A GRADUATE/POSTGRADUATE
PROGRAM IN ORAL & MAXILLOFACIAL SURGERY**

The Council on Accreditation of the Canadian Dental Association is dedicated to the objective of developing and improving graduate/postgraduate education in the dental specialties in Canada to the highest possible level. The Council on Accreditation reaffirms that in conducting evaluation surveys its prime purpose is to assist, stimulate and recommend methods and procedures that enable sponsoring institutions to improve the effectiveness of their programs. To this end Council considers the encouragement of sound educational experimentation and innovation to be an integral part of its accrediting responsibility. It is not the Council's intention to impose a system of regimentation which would lead to the standardization of educational programs in the specialty areas in Canadian dental schools.

Accreditation is extended to institutions offering acceptable programs in the following recognized specialty areas of dental practice: dental public health, endodontics, oral radiology, oral pathology, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics and prosthodontics. Major changes in the program administration or curriculum must be reported promptly to the Council on Accreditation. Program accreditation will be withdrawn when the educational program no longer conforms to the requirements as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrolment may be made by the Council for programs information. Exceptions for non-enrolment may be made by the Council for programs with "approval" status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

This document delineates the minimum requirements for approval of a graduate/postgraduate program in oral and maxillofacial surgery. These requirements must be met for a program to be approved by Council on Accreditation.

In addition, Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

Accreditation actions by the Council on Accreditation are based upon information gained through written submissions by the educational institutions and/or evaluations made on site by assigned consultants. The Council has the ultimate responsibility for determining a program's accreditation status. The Council is also responsible for adjudication of appeals of decisions which result in other than Full Approval and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Accreditation Secretariat, Canadian Dental Association, 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

I. Definition of Terms

Must; Shall; Council expects; It is expected;

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative.

Graduate Program:

One in which administrative responsibility for the program resides in the university's school of graduate studies.

Postgraduate Program:

A planned sequence of courses, offered at universities, dental schools, associated teaching hospitals and/or other similar institutions designed to provide advanced educational experience, the successful completion of which is recognized by a diploma or certificate. Where institutional policy permits, it may lead to a degree in a professional field, e.g., Master of Dental Science or some similar designation, or it may form part of a more extensive program leading to a degree.

II. Oral & Maxillofacial Surgery

Oral & Maxillofacial Surgery is that branch of dental practice that deals with the diagnosis, treatment, prescribing for or operating upon any disease, injury, malformation or deficiency of the human jaws or associated structures.

05/89 O & MS

III. Scope and Duration of Educational Program

An educational program which would qualify a person for recognition as a specialist must, provide an educational experience of forty-eight months continuous advanced education which provides for a progressively graduated sequence of hospital experience together with a comprehensive study of the basic biological sciences as they relate to oral and maxillofacial surgery.

The institution must inform the prospective students of their professional responsibility to determine and to meet the licensure and specialty requirements for the geographic areas in which they plan to practice.

It is the candidate's responsibility to determine and to meet the licensure and specialty recognition requirements for the region in which the candidate plans to practice.

IV. Areas To Be Assessed

(a) Program Goals & Objectives

Program self evaluation must be carried out on a periodic basis to determine if stated goals and objectives pertinent in the light of changing patterns of dental disease and dental practice are being met.

(b) Other Areas to be Assessed

The following areas will be assessed as they pertain to the stated program goals and objectives:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Faculty and Faculty Development
5. Research and Scholarly Activity
6. **Authorized Enrolment & Admission Standards**
7. Curriculum
8. Evaluation Procedures
9. Clinic Administration
10. Preparation for Clinical Practice/**Outcomes Assessment**
11. Learning Resources
12. Student Affairs
13. Relationships with DDS/DMD and other Health Science Programs, Graduate/Postgraduate Programs, and Dental Auxiliary Programs
14. Relationships with Hospitals and other Health Care Facilities
15. Relationships with Health Departments and Community Service Programs
16. Relationships with Continuing Education Programs

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17. Relationships with Dental Organizations and Licensing Bodies

1. Institutional Relationships

And advanced or dental specialty education program must be sponsored by a university which is properly chartered and licensed to operate and offer instruction leading to a degree, diploma or certificate. All other educational programs offered by the university eligible for accreditation by the Canadian Dental Association must be accredited. A hospital that provides a major component of an advanced dental education program must be approved by CCHFA and must have its dental service accredited by the Council on Accreditation of the Canadian Dental Association. The hospital must also be affiliated with the respective university and a formal contract of affiliation must exist between university and hospital. If more than one institution contributes to the educational program, each institution must demonstrate a commitment to the program. Documentary evidence of agreements approved by the institutions must be available and identify respective responsibilities including teaching staff, the contribution of each institution, the period of assignment and the financial commitments. The Director of the overall educational program shall be responsible for all aspects of student education including experience in affiliated institutions.

2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental education. The cost of dental clinic operations should be recognized by the university to be educational and, as such, not necessarily totally supported by clinic revenue.

When an affiliated institution is utilized for a part of the program the university is responsible for ensuring that educational objectives are achieved.

The sponsoring university's responsibility includes, but is not limited to, assuring an administrative system which is dedicated to education. Faculty of the program must be involved in selection of candidates, program planning and ongoing program review and evaluation.

The program should be a recognized entity within the university's administrative structure. The position of the program in the administrative structure should be consistent with that of other

parallel programs and the administrator should have authority, responsibility and privileges comparable to those of other program administrators.

The educational mission must not be compromised by a reliance on students to fulfil institutional service, teaching or research obligations. Resources and time must be provided for the proper achievement of educational objectives.

Some student support through stipends, tuition remission, graduate assistant appointments or scholarships is desirable.

Universities sponsoring advanced or dental specialty programs must provide financial support which will assure fulfillment of program objectives and accreditation requirements on a continuing basis. The budget should provide sufficient resources for innovations and changes which reflect current concepts of higher education and new developments in the practice of the specialty.

3. Physical Facilities

In surveying a program the Council will examine the type of building, the equipment of the classrooms, laboratories, clinics, hospital and institutional facilities and the general condition in which these are found. These will be viewed in light of current concepts and philosophies of dental practice and education. These facilities must permit effective attainment of the program objectives.

Space should be designated specifically for the program and the facilities should be supplied with modern equipment and instruments. Adequate radiographic and laboratory facilities must be available and in reasonable proximity to the patient treatment area. Students should be able to carry out part of their education in the hospital out-patient dental clinic, on the ward and in the operating room.

Where graduate/postgraduate programs are conducted at institutions which also have other programs it is expected that the demands for classroom laboratory, seminar, library, clinical and other facilities will not compromise any individual program.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office* as developed by

* Appendix I

the Council on Health Care of the Canadian Dental Association.

Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to ensure operation within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

4. Faculty and Faculty Development

Both basic science and clinical faculty must have qualifications appropriate to their field of instruction. Such qualifications should include completion of advanced education programs, extensive clinical and/or teaching experience, research and other scholarly productivity, and peer recognition. A significant number of clinical staff should be certified specialists or possess comparable qualifications. The director of the program must possess advanced education in oral and maxillofacial surgery and should qualify for a membership or fellowship in the Royal College of Dentists of Canada. Ideally the director should be a full-time faculty member as defined by the university.

Graduate/Postgraduate education must encourage independent study by the student. Continuous close supervision by the faculty is neither necessary nor desirable. However, it is expected that the faculty will be available to provide adequate supervision and guidance as the student requires. For this reason an adequate proportion of the faculty in Oral & Maxillofacial Surgery should be full-time and be readily accessible to the student. Graduate/Postgraduate programs must have at least one full-time faculty member who has advanced qualifications in oral and maxillofacial surgery comparable to those necessary for recognition as a specialist in the province in which the program is offered. Such an individual may also carry some teaching or administrative responsibilities outside the specialty education program.

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly the number of full-time faculty must be adequate to meet program requirements.

The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaged in administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review,

reappointment and promotion of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, tenure and security and methods for merit recognition will also be examined.

Responsibilities and privileges should be clearly defined and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the university level demands qualified persons who devote their careers to teaching and research. Appropriately qualified active practitioners also bring to the program a service and viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program.

A mechanism should be in place for periodic review of all of a faculty member's responsibilities. In addition, students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in-service and other training opportunities in order to develop increased expertise in their teaching, research and administrative roles as faculty members.

The Director must have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program. In addition, it is the Director's responsibility to assure that students completing the program have achieved the standards of performance established for the program and for practice in the specialty.

The program faculty should have a strong interest in teaching and be willing to contribute the necessary time and effort to the educational program. A major portion of the specialty instruction and the supervision must be conducted by individuals who are educationally qualified in the discipline. In addition individuals who provide instruction and supervision specific to other specialty areas must be educationally qualified in their respective specialties.

5. Research and Scholarly Activity

There must be an appropriate commitment to research activity by the faculty teaching in the oral and maxillofacial surgery program. This responsibility should also involve students and should have

the support of the parent university with respect to finances and facilities. An appropriate balance of faculty involvement between teaching and research must exist so that the quality of the program in oral and maxillofacial surgery is not compromised. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

6. "Authorized Enrolment" and Admission Standards

Oral and Maxillofacial Surgery programs are accredited for a specified number of registered students in each year of the program. Prior authorization is required for an increase in enrolment beyond the authorized level. Failure to comply with this policy will jeopardize the program's accreditation status. Requests for increase in enrolment should be directed to the Director of Education and Accreditation, Canadian Dental Association, 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

Admission must be based on specific selection criteria which must be defined and be readily available to advisors and applicants. Academic performance should not be the sole criterion. Admissions committees should consider non-academic criteria in the over-all assessment of applicants for admission.

Candidates should be graduates from approved dental schools in Canada or the United States or possess the equivalent educational background. The applicant's academic standing must be such that it gives reasonable assurance of the successful completion of the program. It is suggested that several means be used to evaluate the applicant's qualifications. Among these are personal recommendations, interviews, national board results, academic records and hospital residency or general practice experience. In the case of graduates whose first language is not the one of instruction of the institution, a language proficiency examination should be considered.

The university should have a stated policy concerning admission of advanced standing or transfer students and copies of this policy should be readily available.

It is recognized that students may transfer, with credit, from one accredited program to another, for a variety of reasons. An accredited program accepting such a transfer student must also clearly recognize an obligation to ensure that the student completes the overall didactic and clinical preparation required. Programs must be able to demonstrate how they are assured that no

aspect of clinical preparation, in particular, has been omitted or insufficiently emphasized.

7. Curriculum

Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives. It is the responsibility of the Institution to maintain under continuing review and amendment the curriculum of the graduate/postgraduate program in Oral & Maxillofacial Surgery. Council expects not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as in dental practice, through appropriately placed changes in specific areas of the graduate/postgraduate program in Oral and Maxillofacial Surgery.

Within the proposed 48-months minimum duration of the educational program the following elements shall be included:

Clinical Oral & Maxillofacial Surgery - 30 months (12 months of which must be at a single level of responsibility and of which 6 months must be in final year).

Medical/Surgical Service - 12 months (preferably within the first 24 months of the educational program) to be assigned as follows:

Anaesthesia - 4 months

Medicine - 2 months

General Surgery/intensive care unit/emergency room, etc.
-6 months

The remaining 6 months of the educational program shall provide an expanded clinical and/or research opportunity. Rotations to any service must not be less than one continuous month in duration.

By definition, a graduate/postgraduate program provides advanced education experience beyond the undergraduate level. It is expected therefore that courses will be taught at a greater depth and breadth than in the undergraduate curriculum. Where required for the purpose of improving the student's general background, a minimum number of undergraduate courses may be permitted as part of the program. Since graduate/postgraduate programs must emphasize independent study, the number of required formal courses should not be so excessive as to preclude the candidate from undertaking library work and other independent study.

Basic Sciences:

Instruction in the basic sciences must:

- (1) provide comprehension in greater scope and depth than achieved in undergraduate education with particular emphasis on fundamental principles and recent advances
- (2) emphasize the interrelationships among the basic sciences and to correlate them with clinical practice
- (3) develop the capacity for objective analysis and critical evaluation of scientific information

Clinical Sciences:

Instruction in the clinical sciences must:

- (1) enhance the candidate's diagnostic acumen and clinical judgment in the diagnosis and planning of treatment for conditions more complex than those encountered in the undergraduate experience.
- (2) provide advanced clinical experience beyond that usually required of the general practitioner in the management of conditions appropriate to the field of specialization
- (3) emphasize the need for basing clinical judgments on objective criteria in order to avoid and tendency toward unnecessary empiricism or dogmatism
- (4) ensure that treatment in the field of specialization is appropriately related to the dental and general needs of the patient

Although the basic sciences are taught in the undergraduate years, they are developing so rapidly that the student should be made aware of recent advances in order to understand better the biologic fundamentals of dental practice.

Basic science instruction should be designed to be relevant to the clinical management of the patient. The clinical program should include a variety of clinical experiences. Emphasis must be placed upon thoroughness of patient evaluation and accuracy in diagnosis. Experience should be acquired in the treatment of both routine and complex cases.

Consultation with teachers of other specialty areas of dental practice and offering of joint seminars should be encouraged. Assignment of students to other graduate/postgraduate clinics

should be fostered so that they may observe modes of treatment related to their field. Observation of faculty in the private practice setting or in the operating room, is desirable.

Participation in teaching is a learning experience for the student as it enhances the ability to organize and evaluate material and communicate information to others. The student should be assigned to teach in the institution's programs and also encouraged to participate in table clinics, demonstrations or lectures before dental society meetings and study clubs. Participation as both clinician and student in the institution's continuing education program is also recommended. Other continuing education experiences are encouraged.

The program must ensure that the student participates in a research experience. The disciplined analysis involved in a clinical or laboratory research experience can be highly rewarding and can stimulate the intellectual curiosity of the students. While not every institution is prepared to offer extensive research facilities, a research experience need not be elaborate or costly.

The program must also ensure that the student is able to prepare a scientific paper suitable for publication in a refereed journal.

The following list, although not exhaustive, represents those subjects which Council expects to find in an acceptable program. These subjects may be present with varying degrees of emphasis and need not necessarily be identified by a specific course title or name:

ESSENTIAL MATERIAL

A. Clinical

The trainee in oral surgery shall assume increasing responsibility for and become proficient in the following procedures throughout his training period.

1. Removal of normally and abnormally positioned teeth.
2. Management of trauma to the teeth, jaws and associated structures.
3. Management of significant pathological processes of the mouth, jaws and associated structures.
4. Management of congenital or acquired dentofacial and craniofacial deformities.
5. Experience in local and general anaesthesia. General anaesthesia training must be no less than **four months**

duration. This experience must ensure acquisition of anaesthesia skills including instruction in general anaesthesia for adults and children. The trainee must be completely committed to the anaesthesia service to permit his active participation in all of the departmental teaching and clinical sessions. There must be adequate training in ambulatory out-patient anaesthesia.

6. Experience in the management of patients requiring intensive care.
7. Oral diagnosis and treatment planning with emphasis on the aspects most pertinent to oral surgery.
8. Physical diagnosis.
9. Understanding of imaging methods of the head and neck area and interpretation of results.
10. Off-service rotations should include medicine, orthopedics and/or general surgery, infectious diseases, emergency medicine and one or all of plastic surgery, otorhinolaryngology or head and neck surgery.

Program Directors may wish to refer to the suggested surgical experience as outlined in the Documentation Standards for Advanced Specialty Programs in Oral & Maxillofacial Surgery as approved by the Commission on Dental Accreditation of the ADA, May 1988.

B. Didactic

The basic science program for oral surgery must include:

Anatomy, Microanatomy and Surgical Anatomy
General and Oral Pathology
Pharmacology
Clinical Biochemistry
Clinical Physiology
Clinical Microbiology
Clinical Laboratory Procedures

Basic science instruction may be provided through formal courses, seminars, conferences and/or rotations to other services of the hospital. It is expected that the didactic program will bear direct relevance to, and complement, the required clinical skills, thereby providing a suitable theoretical base for the practice of oral surgery. In addition, diagnostic experience must be provided in research (clinical or basic science) and investigative procedures.

C. Supporting Material

Relevant supporting subjects should be taught throughout the program and should include any subjects deemed necessary. In particular, the following should be included regularly: seminars, case presentations, rounds, question tutorials, and library topic research.

ADDITIONAL REQUIREMENTS

D. Beds & Patient Census

The support of an oral surgery training program requires a minimum annual census of approximately fifteen hundred out-patients for each first year student and a census of approximately one hundred in-patients per second year student. In hospitals where beds are allocated to specific services, it is recommended that the oral surgery department have an assignment of at least four (and preferably six) service beds per final year student. In hospitals where beds are unassigned, their general availability must be sufficient to provide for the recommended number of patient admissions.

E. Program Integration

The program should be so organized that the house staff will hold positions of increasing responsibility for the care and management of patients. Instruction must be sufficient to enable residents to undertake surgery under supervision, and to acquire the necessary skill and judgement ultimately to reach full responsibility for the operation and pre-and post-surgical management of the patient.

The educational period must include a progressively graduated sequence of hospital experience and a comprehensive study of the clinical and the basic biological sciences as they relate to oral surgery. Affiliations may be developed where institutions have complementary resources which can be combined to advantage in developing an acceptable program.

When more than one hospital or teaching institution is responsible for specific program content or experience the assignment to each institution must remain the responsibility of the university offering the program. The University must also ensure the integration of the overall program.

The resident may have minor teaching responsibilities as experience increases. This valuable phase of the educational program must include conducting ward rounds. Lecturing to nurses, dental and

medical students, and supervising the activities of other residents of the program may also be included.

The resident should also participate in clinical pathological conferences, tumour board meetings, surgical and medical grand rounds, and other interdepartmental teaching activities of the hospital.

8. Evaluation Procedures

(a) Student Evaluation

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, Council must be satisfied that these systems accurately establish the basis for judgments which will govern the promotion or graduation of the dental student concerned.

(b) Patient Care Evaluation

Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

Members of the clinical staff and students must participate in some form of clinical appraisal or dental audit on a regular basis.

(c) Patient Record Evaluation

Students must be evaluated on the accuracy and completeness of their record keeping. The patient record system will vary according to the dental specialty.

The patient record system must include together with appropriate dates, signature and authorizations, medical and dental histories, results of examinations, diagnostic aids, record of radiographic procedures, consultations, diagnosis/problem list, integrated and comprehensive treatment planning (including estimated fee) details of treatment rendered, cost, completion, review and follow-up procedures.

9. Clinic Administration

The clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes. Appropriate follow-up of patients for longitudinal studies must be carried out and adequate records must be kept so that evaluation of therapeutic

procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. The use of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty must be judiciously and carefully monitored. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to:

1. Audit of Patient Care
2. Collection of Patient Fees
3. Consultative Protocols
4. Fire and Safety Procedures
5. Medical Emergency Procedures
6. Patient Follow-up for Longitudinal Studies
7. Patient Assignment
8. Patient Recall
9. Patient Records
10. Development, Approval and Revision of Patient Treatment Plan
11. Prevention of Disease Transmission
12. Professional Decorum
13. Technical Laboratory Support

Such policies and protocols must be available for the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the Oral & Maxillofacial Surgery program. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Program Director, the Clinic Director or comparable appointee and other administrators are essential. The Program Director must have access to relevant faculty policy and decision-making groups and should have appropriate committee appointments. The Program Director must establish and maintain effective working relationships with the administrators of pertinent affiliated institutions.

10. Preparation for Clinical Practice/Outcomes Assessment

A graduate of the program must be capable of meeting the dental health needs of the public as a practitioner of the specialty of Oral & Maxillofacial Surgery. The student must be provided with sufficient opportunity for development of proficiency in the

specialty of Oral & Maxillofacial Surgery. There must be a sufficient supply of patients requiring a wide variety of services in order to provide adequate clinical experience. Treatment of disadvantaged patients should also be included. Patient assignments must provide adequate clinical experience. Accordingly the student must be capable of the development and implementation of an integrated treatment plan for comprehensive patient care including consultation with dental specialists as required. Clinical experience must be such as to produce a graduate who can safely and competently render those services usually provided in the practice of Oral & Maxillofacial Surgery.

Accredited programs are expected to design and implement their own outcomes measures to determine the degree to which their stated goals and objectives are being met. Such measurement must be ongoing and documented. Results of the assessment process must be used to evaluate the program's effectiveness in meeting its goals.

11. Learning Resources

The library is viewed as an important learning centre in the dental program. It must, whether established separately or within a combined library, be professionally administered and well housed. It should be convenient and accessible to both dental students and faculty during and after scheduled hours of instruction. Selected reference material should be readily available for students. In addition, in the clinic or the laboratory, selected reference material should be readily available for students. The staff of the resource centre must be sensitive and responsive to the teaching and research activities of the program.

Council encourages expanded development and use of audiovisual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty awareness of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

12. Student Affairs

Accurate information on fees, special charges, scheduling and evaluation procedures must be made available. Records of student progress and accomplishments must be accurately maintained and treated as confidential information. Adequate measures must be in place to ensure fair judgment of the student's achievements relative to requirements for successful completion of the program. Basic financial support and supplementary support for special activities such as research, scientific conferences and continuing education courses are desirable.

At regular intervals students should be afforded an opportunity for expression of opinion regarding the program and the instruction they receive.

13. Relationships with DDS/DMD and Other Health Science Programs, Graduate/Postgraduate Programs and Dental Auxiliary Programs

Activities that are mutually beneficial to the program in Oral & Maxillofacial Surgery and the DDS/DMD program and/or other health science programs may be developed and are encouraged.

Mutually beneficial activities between and among graduate/postgraduate programs should be encouraged. The joint management of patients is expected, where appropriate.

To the extent that mutually beneficial activities can be developed, it is appropriate for co-operation to take place between programs in oral and maxillofacial surgery and dental auxiliary programs.

14. Relationships with Hospitals and Other Health Care Facilities

Because of the growing impact of hospital and institutional dentistry the program should provide opportunity for appropriate student experience in such settings. Dental services of Hospitals utilized in advanced educational programs must be approved by Council on Accreditation of the Canadian Dental Association.

15. Relationships with Health Department and Community Service Programs

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

16. Relationships with Continuing Education Programs

Participation of students in pertinent continuing education programs is an excellent means of providing current knowledge in concentrated form. The development and presentation of material in continuing education courses should be an integral part of the preparation of the student for service to the profession and possible academic career.

17. Relationships with Dental Organizations and Licensing Authorities

Clinical faculty should be licensed in the province in which the program is located. Membership and participation in local, provincial and national organizations by faculty members should be encouraged as an example to students, an obligation to professionalism and an opportunity for information exchange. Student participation should also be encouraged as an active learning experience.

Preliminary Report on Accreditation
Requirements Governing Admissions Procedures

RECOMMENDATIONS TO COUNCIL

1. That Council reaffirm its intent to evaluate admissions policies and procedures of educational programs cooperating in the accreditation process.
2. That the existing section on ADMISSION STANDARDS in the document "Requirements For Approval Of A Program Leading To A DDS/DMD Degree" be replaced with the following:

Council recognizes that there may be varying patterns of pre-professional education but the overall period for professional education should not be less than six years of post-secondary education, usually consisting of two years pre-professional education as a prerequisite to entry to a four year professional program.

Admission must be based on specific selection criteria which must be established and published prior to the consideration of applicants, readily available to advisors and applicants, and applied equitably during the selection process. Faculty should be involved in establishing these criteria.

A candidate's previous academic performance must not be the sole criterion for admission. Admissions committees should consider non-academic criteria in the overall assessment of applicants for admission. The process should employ tests and measurements designed to select students who have the capacity for success in studying dentistry. In the case of applicants whose primary language is not the language of instruction in the institution, a language proficiency examination should be considered.

Council maintains a particular interest in admissions testing and selective admissions processes and encourages participation in and development of mechanisms and studies designed to identify qualified students. Programs must continually evaluate attrition rates and assess and adjust admissions policies and procedures, to ensure that the quality of program graduates is maintained.

Preliminary Report on Accreditation
Requirements Governing Admissions Procedures

RECOMMENDATIONS TO COUNCIL (Continued)

It is recognized that a student may transfer, with credit, from one accredited program to another, for a variety of reasons. An institution accepting such a student (or admitting any student with advanced standing) must recognize an obligation to ensure that the student upon graduation has completed the overall didactic and clinical preparation required. The institution must be able to demonstrate how it is assured that the candidate meets all requirements for graduation or promotion and that no aspect of its curriculum has been insufficiently covered.

3. That paragraph 3 on page 1 of the document "Requirements For Approval Of A Program Leading To A DDS/DMD Degree" be replaced with the following:

In addition, Council requires the cooperation of programs in studies related to the improvement of the accreditation process and in the administration of specified national mechanisms identified as important to the common interests of education, accreditation, the dental profession and the public. Educational programs in Dentistry are expected to cooperate in completing annually the ADA/CDA Annual Survey of Schools. Programs must ensure the administration of the CDA Dental Admissions Test to contribute to the national database on the overall pool of applicants.

**REPORT ON THE
1988 CDA TEACHING CONFERENCE
on
CONTINUING DENTAL EDUCATION**

On June 17-18 1988, the 1988 CDA Teaching Conference was held at Le Nouvel Hotel in Montreal. The topic of the conference was CONTINUING DENTAL EDUCATION and it was well attended, with guests from the ten Canadian dental faculties, the Association of Canadian Dental Faculties (ACFD), the Canadian Dental Association (CDA), the National Dental Examining Board (NDEB), the Canadian Dental Hygiene Association (CDHA) and from provincial and local dental associations. The conference was made possible by a grant from the Canadian Fund For Dental Education (CFDE), which was also represented at the proceedings.

This overview of the conference and of a related survey have been prepared for distribution in response to strong continuing interest in the conference discussion and in the topic of Continuing Dental Education.

BACKGROUND:

The conference came about because of the interest of dental educators and national and provincial dental bodies, especially licensing authorities, in sharing information about problems and projects, frustrations and aspirations. Part of the planning and preparation for the conference involved the completion, by providers of Continuing Dental Education, of a special survey designed "to assess the current status of professionally based CDE in Canada". A summary of the results is attached.

The conference topic was approved by the ACFD and the CDA Council on Education and Accreditation, and Dr. Guy Boyer of the Faculty of Dentistry, University of Montreal, was appointed as conference chairman.

OVERVIEW:

The conference was organized into an opening and concluding plenary session, with six workshops taking place in between. The opening session was directed by Dr. Guy Boyer, and the concluding session by Dr. Arthur Schwartz, Dean of the Faculty of Dentistry at the University of Manitoba. Each of the workshop leaders presented a discussion paper during the opening session. The following summary reviews each of the six conference topics, briefly describing discussion and the thrust of the principal recommendations.

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Continuing Dental Education Report

Marketplace Competition Versus Balanced Programming; Dr. Gerry Wright, Associate Dean, Faculty of Dentistry, U.W.O.

Dr. Wright's presentation and workshop examined concerns related to the large number of providers currently involved in continuing dental education. One consequence noted is that competition tends to steer providers into the popular or obvious areas of interest and can work against the availability of balanced programming in a given area. The workshop conclusions encourage development of provincial mechanisms to assist such availability and also encourage improved communication regionally, provincially and nationally, among providers.

Educational Technology; Dr. John Eisner, Community and Pediatric Dentistry, Faculty of Dentistry, Dalhousie University.

Dr. Eisner's presentation and workshop focused on the potential impact of information technology on continuing dental education. Topics discussed included Distance Education, Computer Conferencing, Interactive Video, Self-learning and Assessment, Testing for Continued Competence, and Program Planning, Analysis and Administration. One conclusion of this workshop highlighted the need for courses on information technology in universities, for both faculty and students. It was also felt that directors of Continuing Education at Canadian Faculties of Dentistry should meet annually through CDA or ACFD. A CDA electronic bulletin board was suggested as a means of maintaining a national roster of courses and speakers. Much emphasis was placed upon the need to augment sources of funding for continuing education. The workshop also touched upon quality assurance with a recommendation that research should be integrated into continuing education programming to measure effectiveness.

Mandatory Continuing Education; Dr. James Gillespie, Assistant Registrar, Royal College of Dental Surgeons of Ontario.

Dr. Gillespie's presentation and workshop examined the topic of mandatory continuing education. Some attention was paid to arrangements in the four western provinces where mandatory continuing education is in place, and Ontario's plans to introduce mandatory continuing education were discussed. The conclusions of this workshop underlined the need for licensing authorities to accept responsibility for verifying individual efforts towards maintenance of ongoing competence. There was a feeling that information about the experience of the four western provinces

would be a valuable resource to other provinces and a recommendation that they should assess the effect of existing programs and prepare a report for distribution to interested groups such as those attending this conference. Recommendations also warned about the distinction between Mandatory Continuing Education and Quality Assurance; the need to recognize that Continuing Education should be perceived as being only ONE component in ongoing professional competency development and that Continuing Education courses are not intended to lead to specialty qualifications. This workshop also stressed the need for an annual conference of Continuing Education Coordinators and for some means of helping continuing education consumers to determine the quality of offerings.

Requirements For Professional Competence; Dr. Henry Dick, The National Dental Examining Board of Canada.

Dr. Dick's presentation and workshop discussed what is meant by professional competence and the strengths and weaknesses of current continuing education efforts. The group felt that the profession must develop a preventive philosophy to decrease the need for peer review, which essentially operates remedially and late. One recommendation accordingly was to teach peer review concepts in the undergraduate program and to encourage the selection process for dental applicants to reflect those characteristics which support professionalism and continued competence. This group emphasized that the dental profession must develop an operational definition of competence, both at the professional and individual levels, and that mandatory continuing education is but a process and not an end in itself. The recommendations look towards a more proactive future, where the definition of competence is clear, mechanisms are available to the individual to determine needs and continuing education offerings are capable of bringing about behavioural change.

Participation-Type Programs; Dr. Don Cunningham, Assistant Dean, Faculty of Dentistry, Dalhousie University.

Dr. Cunningham's presentation and workshop reviewed hands-on or participation-type programs as distinct from other types of continuing education offering. Discussion confirmed the perception that hands-on courses are the only way to accomplish certain continuing education goals, such as development of clinical skills. It was also felt that the people who really need them may shy away from them because of fear that they might be embarrassed. It was acknowledged that many other aspects of continuing education may be offered in a variety of ways, including methods relying on information technology as reviewed in the workshop on this topic.

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Continuing Dental Education Report

The problem is that when hands-on learning is really required, these latter methods cannot fully substitute. The conclusions of the workshop acknowledged the importance of self-assessment in determining the need for a hands-on course and the importance of sequencing hands-on instruction to provide for progressive development of skills. The importance of pre-requisites was noted in this context, as was the need for follow-up evaluation to determine if courses have been successful.

**Guidelines For Approval of Providers; Mr. Brian Henderson, CDA
Director of Education and Accreditation.**

Mr. Henderson's presentation and workshop examined the topic of guidelines for the approval of sponsors or providers of continuing dental education. Group discussion confirmed that there is a real need for methods or approaches which might assist the continuing education consumer to recognize quality programs. Much of the discussion focused on the question of where such responsibility lay, and the consensus was that licensing bodies carry a prime responsibility as they determine which courses will be recognized for credit. Two documents describing accreditation-like approaches to recognition of continuing education "providers" were reviewed, and the group concluded that an approach based upon accreditation of providers should not be pursued. The recommendations of this workshop encourage the national development of tools which the licensing authorities might employ in their process of recognizing individual courses. It was felt that these might include standardized course evaluation forms to be filled in by students on the completion of courses. These could be pooled nationally and over time create a data base with research potential.

CONFERENCE RECOMMENDATIONS:

The plenary session which followed the completion of all the workshops provided an opportunity for all those attending the conference to hear the reports of each of the workshops and to discuss the common themes and concerns emerging from their preoccupations and recommendations. The recommendations were categorized into the groupings of research, funding, communication and recognition/support. They are presented on the next page.

RECOMMENDATIONS:

Research:

1. That the following urgent priorities for research in support of Continuing Dental Education be directed to all Canadian dental organizations and faculties of dentistry:
 - The need for development of mechanisms or processes to determine the REAL needs of individual learners;
 - The need for development of evaluation methodologies and related instruments to permit assessment of the effectiveness of Continuing Education programs.

Funding:

2. That all providers of continuing dental education courses and, where appropriate, other related bodies, be encouraged to set aside funds, on a annual basis, for:
 - National coordinating meetings and workshops;
 - Course and program evaluation and other research initiatives.
 - Development of new technologies and methodologies for the delivery of programs.

Communications:

3. That the CDA Council on Education and Accreditation consider revising the membership and terms of reference of its committee on continuing education to bring together representatives of Licensing Authorities, Coordinators of Continuing Education within provinces and at Canadian Faculties of Dentistry and other constituencies with a perspective on current issues and problems in continuing dental education and potential to expedite cooperative approaches to their solution.
4. That CDA consider developing an electronic bulletin board conferencing service, in support of continuing dental education.
5. That the ACFD consider establishing a section on continuing education to permit annual meetings of continuing education coordinators.

1988 CDA Teaching Conference on
Continuing Dental Education Report

6. That further workshops on continuing dental education should be organized regularly in the near future, in order to bring together individuals from across Canada who are concerned with the problems and issues of this developing field.

Support:

7. That CDA and other national and provincial dental organizations (including licensing authorities) recognize the necessity of supporting initiatives in the developing field of continuing education.
8. That Canadian Faculties of Dentistry be encouraged to recognize and support the needs and academic status of Continuing Dental Education on the same basis as other academic sections within the faculty.

CONCLUSION:

The 1988 CDA Teaching Conference on Continuing Dental Education proved, first and foremost, that there is a real need for further national communication on the subject of continuing dental education. All of the workshops, and the final plenary discussion, stressed the existence of common problems and the potential of experience in other provinces or areas to help develop solutions. There is strong interest in further conferences on continuing education and in developing cooperative mechanisms.

It is apparent that both professional bodies and educators are looking for ways to identify the real needs of professional learners, for ways to identify quality educational programs which can respond to such needs and for ways to determine if the programs have actually met the learner's needs. Those in the field are looking for the tools required to do the job and encouraging initiatives in research and development necessary to supply them.

There is strong interest in the impact of provincial requirements for mandatory continuing education. There is also some concern that the introduction of mandatory continuing education programs will not automatically solve all problems and should not preclude the profession's ongoing efforts to respond in educationally sound fashions to the needs of professional learners.

1988 CDA Teaching Conference on
Continuing Dental Education Report

Finally, there is a general feeling, which surfaced in various ways throughout the conference, that the field of continuing dental education is a bit like an orphan or second class citizen; the cause is worthy but funding, recognition and support are not often as forthcoming as they can be for other areas of academic and professional endeavour. It is hoped that this initial national conference on continuing dental education may be one small step towards helping to change that, by highlighting the common problems and needs of those involved in the field and the importance of the dental profession and to the public, of their succeeding in their efforts.

The Conference Chairman and Secretary wish to record this appreciation for the contribution of Dr. Arthur Schwartz who served as Coordinator of the Plenary Sessions.

Respectfully submitted,

Dr. Guy Boyer
Conference Chairman

Brian Henderson
Secretary

RESULTS OF THE SURVEY RELATED TO THE 1988 TEACHING CONFERENCE ON CONTINUING EDUCATION

During the planning stages of the 1988 Teaching Conference on Continuing Dental Education providers of professionally based CDE were identified and surveyed to assess the current status of professionally based CDE in Canada. This paper summarizes the results of that survey, which was conducted by Dr. Guy Boyer and Dr. Christopher Clark.

RESULTS

RESPONDENTS

Respondents to the survey included representatives from all ten Canadian Dental Faculties, the Canadian Dental Hygiene Association, the Canadian Armed Forces, and seven provincial dental associations/licensing bodies.

PROGRAM ORGANIZATION-DIRECTOR/COORDINATOR

Within academic institutions, respondents indicated that within five of the 10 faculties, a CDE chairperson was in place. In the remainder of the institutions, responsibility for CDE activities existed within the central administration of the faculty, that is within the dean's office. Quite possibly, however, these figures might underestimate the extent to which CDE activities are answerable to the central administration. Unfortunately, the questionnaire failed to explore these relationships in any depth. Appointments of directors within academic institutions emanated in eight out of 10 instances, directly from the dean's office. Only in two cases was the director appointed by faculty council. From the provincial representatives, CDE directors were appointed either from the provincial executive body, or from a larger council of representatives. When questioned as to the possible length of office or term for the directors of CDE, it seemed that if someone was functioning to the satisfaction of a particular organization or institution, that the length of term or office could be accurately termed as "indefinite". While it is clear that it takes some time to get to "know the ropes" in CDE, it also appears that there is the possibility for stagnation within most instances as well. Interestingly, despite the apparent

longterm commitment that CDE directors/coordinators make to their responsibilities, in all but one instance this job represents only a part-time responsibility. Most directors indicated that they spent less than one day per week on this particular job.

ADMINISTRATIVE SUPPORT

The administrative support for CDE programs commonly consists of ancillary staff that runs the day-to-day activities. In some programs, one or more part-time staff run all activities, while in others, several full-time staff are involved. To support this administrative staff, remuneration for personnel generally comes either directly or indirectly from the revenues of CDE programming.

PROGRAM PLANNING

It is common to have the director/coordinator either alone, or in conjunction with a CDE committee actually plan annual programs. Interestingly, programming appears to result from consultation and committee decision making in most instances, yet 12 of the respondents indicated that they had, at some time or another, used a survey or questionnaire to determine interest in CDE. The programs offered by the respondents to the survey for CDE in Canada are advertised by either placing ads in provincial or national dental journals, sending brochures, or both.

FINANCING PROGRAMS

Within dental faculties sources of support for CDE programs originate primarily from tuition, yet some faculties apparently have had limited success attracting funds from commercial interests. Unfortunately, the survey instrument did not explore the type of programming that attracted this particular form of support. Likewise, provincial and district dental associations that responded to the survey all support programs for CDE out of their general budgets. However, it seems that in all instances the revenues from these programs go directly back into the organization. Likewise, revenues from programs within dental faculties in all but one case, go back to the program itself or the faculty. In one instance, the University takes a small cut.

FACILITIES FOR CDE PROGRAMS

The facilities available for CDE programs vary considerably. Of all those surveyed, only five providers owned their own facility in which courses were given. Most of the respondents shared facilities with either an academic institution or a provincial

licensing/association headquarters. Perhaps demonstrating the sign of the times only five of the 19 respondents failed to have access to some form of clinical facility, thus demonstrating an apparent changing trend in programming.

PROGRAMMING

Of the approximately 300 programs offered by the CDE programs who responded to the survey, about half were of the demonstration or hands-on clinical type. Not surprisingly, however, are figures for total attendance which showed that only about one tenth of the participants of CDE programs actually participated in demonstrations or hands-on courses.

When asked about auxiliary participation in programs, respondents indicated that approximately one third of all participants were auxiliaries. Generally, when auxiliaries attend, offices come together. This trend obviously would depend on the type of course being offered. Seemingly this is encouraged by most programs. Respondents demonstrated what might be expected when asked about the demand for particular types of courses. The results of this assessment are presented in Table 1. It is important to remember that this represents only professionally based CDE. What effect commercially sponsored CDE might have on course offerings is difficult to determine.

BARRIERS TO PARTICIPATION IN CDE

When asked about the barriers to participating in CDE, respondents indicated that 1) lack of interest, 2) time scheduling, and 3) distance were important reasons for not attending, while tuition fees and necessity of bringing patients were not perceived to be a problem.

COMPENSATION FOR PRESENTERS

There was remarkable variation in the honoraria offered for presenters of CDE programs. Within the same institution the range was from nothing to \$5,000. The mean honoraria for lecture courses was \$675, and \$536 for clinical hands-on courses. These numbers reflect the traditional big name lecture course that can carry with it a large honorarium. In particular, respondents indicated in the survey that the presenters reputation and the uniqueness of the course were the primary factors in influencing the size of an honorarium. Within the academic institutions, the reasons offered by respondents that helped to explain why faculty didn't offer courses were, in order of decreasing importance; 1) insufficient remuneration, 2) lack of time, 3) lack of interest, and 4) lack of recognition.

COMPETITION BETWEEN CDE PROGRAMS

An attempt to determine how threatened CDE providers felt from competition from other providers revealed that generally respondents were not strongly affected by external programming. Possible exceptions exist in several regions where dental faculties and/or dental associations are in close proximity, and where the regularity of commercial offerings is likely. Yet these findings would point to the likelihood of close working relationships between providers, especially when the suggestion of competition could result. This seems to be the case where provincial and academic programs both offer ambitious programming.

Prepared by Dr. Chris Clarke
Grant Woo, a second year dental student at the University of
British Columbia, assisted with data analysis.

CDA/March 1989

TABLE 1

ASSESSMENT OF THE DEMAND FOR CE COURSES

(N=15)	LOW	MEDIUM	HIGH	DUNNO
Oral Medicine	8	4	2	1
Endodontics	2	7	5	1
Fixed Prosthodontics	0	6	8	1
Restorative Dentistry	3	4	8	0
Complete Dentures	9	4	0	2
Orthodontics	2	6	5	2
Paedodontics	6	6	1	2
Marketing in Dentistry	1	4	9	0
Preventive Dentistry	9	4	1	1
Periodontics	0	7	7	1
Cosmetic Dentistry	1	2	11	1
Partial Dentures	9	5	0	1
Surgery	3	9	2	1
Implantology	3	5	5	1
Practice Administration	3	8	4	0
OTHER:				
Infection Control	= High (2)			
Dental Materials	= High (2)			
Facial Pain	= High (1)			
TMJ	= Medium (1)			
Radiology	= Medium (1)			

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members of the CDSPI Board of Directors are:

Dr. G.F. Copithorne, British Columbia
Dr. J.M. Dillon, Manitoba
Dr. B.H. Dolansky, Ontario
Dr. G. Dubé, CDA
Dr. D. Montminy, Québec
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario
Dr. J.N. Wright, CDA
Dr. G.S. Zwicker, Atlantic Provinces

Members of the CDSPI Management Committee are:

Dr. J.E. Durran, President, Burlington
Dr. R.L. Moran, Treasurer, Toronto
Dr. M.D. Charendoff, Secretary, Toronto

Observers at the CDSPI Board are:

Dr. D.W. Allen, Prince Edward Island
Dr. C.R. Hill, Saskatchewan
Dr. R. Sexton, Newfoundland
Dr. R.A. Turcotte, New Brunswick

This report includes all items of business which require Board action and also all information which has become available since the 1989 Interim Meeting of the CDA Board of Governors in Ottawa.

The CDSPI Board met in Toronto on December 2 and 3, 1988, February 25, 1989, and April 14 and 15, 1989.

ITEMS REQUIRING BOARD ACTION

1. Extension of Benefits to Families of Dentists

CDSPI has been investigating the possibility of providing the benefits available from the Canadian Dentists' Insurance Program to the families of dentists. Unfortunately the attached legal opinion (Appendix A) precludes this and the CDSPI Board voted to not extend the CDIP benefits to families of dentists at this time.

APPENDIX A

However, the legal opinion which relates to the feasibility and eligibility of families of dentists for the CDA RSP is favourable towards that action.

RESOLVED:

- 89.81 THAT the CDA RSP eligibility be expanded to include the families* of those currently eligible to participate.

ADOPTED

*Families will be defined as spouses or their children (common-law relationships included).

If the CDA gives approval to this concept, then final approval will be up to Revenue Canada.

2. General Insurance Renewal

RESOLVED:

- 89.82 THAT the 1990 CDIP General Insurance Plans be renewed with the Guardian Insurance Company of Canada based on rates and coverages stated in the Broker's Report as presented to the Board of CDSPI.

APPENDIX B

ADOPTED

The broker's report is attached as Appendix B. The report was amended by the Board to delete the recommendation of a CGL credit for having a solenoid switch and leave the 1990 CGL rate at the 1989 level. It should be noted here that both Mr. M. Clancy and Mr. C. Wills attended and presented at the CDSPI Board Meeting. Their services are appreciated. Your brokers and Guardian Insurance were asked to respond to the following question: "If you had your own way, how would you design a malpractice plan?". This question assumes that the design would be in the best interests of all dentists. The response will be interesting.

3. Graduate Package

Concern has been expressed at the amount of Life coverage that was available to graduates without a requirement for a medical. Firstly, it should be noted that the current program will stay in place for those who are now in it. CDSPI is very aware that the Grad Package should be considered as part of the membership benefit of belonging to an organization which is representative of Canadian dentistry. Secondly, it was agreed that CDIP should continue to provide as much coverage as possible, but that a person should be required to qualify for that coverage by virtue of having passed a medical.

RESOLVED:

89.83 THAT all applicants for aggregate coverage in excess of \$50,000 for life insurance from the current Grad Package would require a medical in order to qualify as a new entrant.

ADOPTED

4. Accidental Death and Dismemberment Renewal

The present AD&D coverage comes up for renewal on January 1, 1990.

Over the past four months, TPF&C has been reviewing the figures and statistics relating to the AD&D coverage which comes up for renewal January 1, 1990. During this period we also met with Mr. Ken Rudd, Senior Vice-President of Seaboard from their head office in Vancouver, and Mr. Ted Popel of Seaboard's Toronto office.

We also received an unsolicited quotation on the AD&D program from an insurance broker, which was passed on to TPF&C for evaluation.

TPF&C's report on the January 1, 1990, renewal is attached for your review as Appendix C.

APPENDIX C

In our review of this report, we discussed the proposed improvements as outlined on page 2 and pages 4 and 5, and comment as follows:

1. We agree that the aggregate limit should be eliminated.

2. The Education Benefit should only be available to those having over \$150,000 coverage.
3. The Occupational Training Benefit for dentists only having a minimum of \$150,000 of coverage should be added to the plan.
4. The Repatriation Benefit of \$10,000 should be added to the plan.
5. The policy should be a guaranteed non-cancellable policy for three years (January 1, 1990 to December 31, 1992).
6. The Education Benefit should be increased from a current \$2,000 p.a. to \$5,000 per child per year for four years (because of #2 above, the 5% portion of TPF&C's comments does not apply).
7. The Loss Schedule should be expanded as outlined in the report.

In reviewing the other areas of the report, we note the difference in premiums on page 3 between the two quotations. The current premium coverage is:

- Units of \$10,000 to maximum of \$250,000
- Basic - \$8.05 per \$10,000 of coverage (= .067%/\$10,000 per month)
- Dependents' - \$25,000 - \$25 premium
- Child - \$10,000 per child - \$10 premium

Under the Seaboard quote, there is no change in the renewal for the Dependents, Child and Staff Package from current rates.

As noted on page 3, the rate per \$10,000 would be:

Seaboard	- \$5.40	(.045¢ x 12 x 10)
Broker (Citadel)	- <u>4.20</u>	(.035¢ x 12 x 10)

Difference per \$10,000 = \$1.20 per annum

This difference factors to a total of \$30 p.a. if a participant had the maximum coverage.

We have also considered our working relationship with Seaboard in the past 11 years and can recall where this good relationship has assisted us with the handling of one or two potentially difficult claims.

Seaboard is also familiar with our administration and, of course, agrees to our performing such administration. The alternate quote was not approached concerning CDSPI performing administration.

We have noted TPF&C's comments regarding the broker's quote of .035¢ being insufficient if applied over the past 11 years and their feeling that it "lacks long term stability". We also note their comment regarding "long term gain".

Lastly, we have given thought to the affect on CDIP if there were another change in carrier in 1990 just after the changeover to Metropolitan. Such could be misunderstood by the profession as instability again within CDIP. It does not appear worthwhile for a maximum saving per dentist (if everyone had maximum coverage) of \$30 per year for three years.

RESOLVED:

89.84 THAT CDIP AD&D coverage for the period January 1, 1990 - December 31, 1992 be renewed with the Seaboard Life Insurance Company at the rate of \$5.40 per \$1,000 of basic coverage; other rates remaining as current; and,

FURTHER THAT the proposed improvements to the AD&D Plan, as commented on by the Management Committee, numbered 1 through 7 (eliminating #2) above, be part of the CDIP AD&D coverage for the same time frame.

ADOPTED

5. CDA RSP Admin Fee

At our April Board meeting an internal report was reviewed. This report indicated that at the current level of fee charged (.75 of 1%), a portion of which goes to the Fund Investment Managers, (.38 of 1%) the remaining portion (.37 of 1%) does not produce sufficient funds to provide a full level of service to RSP participants. This service is currently operating at a deficit.

This is more evident now that the number of participants have increased and the paperwork to handle the added participation has required extra staff.

A new contract is also being negotiated as the current one expires on January 1, 1990. Increased Investment Manager's fees must also be considered.

The report compared our current fee to those being charged in the marketplace on other funds. For managing the four classes of Funds that we have the marketplace charges fees that range from 1% to 3%. It should be noted that the last fee increase was approved by the CDA in 1986 to take affect January 1, 1987.

After considering the options presented by management, the Council on Insurance and Investment recommended.

RESOLVED:

89.85 THAT the CDA RSP administration fee effective January 1, 1990 be .95 of 1% of the managed funds with the Money Manager to receive a fee not to exceed .40 of 1% of that balance.

ADOPTED

The CDSPI Board agreed that this fee is to be applied to the funds in an equitable manner by a formula to be approved by them in August. Such formula will place the heaviest fee load on the fund requiring more managing with a lesser fee to those requiring less managing; the overall fund being charged a total of .95 of 1%.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Benefit Plans Tendering

As reported at the Interim Meeting of the CDA Board of Governors, this has finally become a successful project from both the business and political aspects.

It is worth noting that Metropolitan has agreed to include in CDIP at CDIP rates all of the "old rated lives" who had individual coverage with Imperial. This action was appreciated by the 26 participants who were faced with four-fold premium increases.

It has finally become possible for TPF&C to conduct their year end audit of Imperial Life and CDIP plans. For the information of the CDA Board of Governors, I attach the TPF&C letter of April 7, 1989 (Appendix D) which is self-explanatory, but I will highlight it at the Annual Meeting and explain the contents in detail.

APPENDIX D

2. National Electronic Data Interface

CDSPI Board discussed the above concept and received information concerning the progress of CDA in this regard. As a result, the CDSPI Board authorized the creation of an EDI division of our in-house computer services department which will be capable of actively developing software relating to EDI as soon as specifications are made available by the CDA. This action makes it possible for CDSPI to have adequate programming staff to meet this need. To this end, CDSPI Computer Services staff have met with a representative of the CDA Third Party Committee for a detailed discussion regarding the above, and we now await further information from the CDA.

3. Eligibility of Individuals

Considerable discussion took place at the April CDSPI Board Meeting on this topic. It was finally agreed that the present procedure regarding eligibility of individuals be retained at this time, but that the CDSPI Board recognizes the CDA's concerns in the area of eligibility of participants and will welcome suggestions from the CDA Executive Council on how to deal with this.

In case the subject is viewed as a simple problem to which one can attach a simple solution, I attach the opinion provided by Campbell, Godfrey & Lewtas regarding this subject as Appendix E.

APPENDIX E

4. RRIFs

The following two motions were passed at the April CDSPI Board of Directors' Meeting. These motions reflect the current thinking at CDSPI with regard to the provision of RRIF services and the criteria which should govern our involvement in this area.

"THAT CDSPI expand its annuity quotation service to include RRIFs for announcing to the profession in the Fall of 1989".

and further,

"THAT in respect of RRIFs, further review and consideration be given to determining a need and an edge over the marketplace which, if found should be reported to the Board with recommendations before the end 1990".

Since this report constitutes the annual report of CDSPI to the CDA Board of Governors, as well as the report of the Council on Insurance and Investment, it would be incomplete if no mention was made of the solution of the problem that could be called the "Late LTD Claimant Problem". It should be a source of satisfaction to everyone that CDIP was able to live up to its claim that it cares about those it serves and that no participant suffered as a result of the changeover.

Respectfully submitted,

John E. Durran, D.D.S., Chairman
Council on Insurance & Investment
President, CDSPI

ADOPTION OF REPORT

The Board of Governors accepts the report of the Council on Insurance & Investment with appreciation.

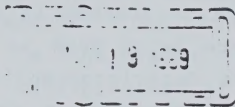
CAMPBELL, GODFREY & LEWTAS

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January 11, 1989.

Mr. Kingsley D. Butler,
Canadian Dental Service
Plans Inc.,
Suite 600, 2 Lansing Square,
Willowdale, Ontario,
M2J 4Z3

Dear Kingsley:

Extension of Benefits to Families of Dentists

We have considered whether eligibility to participate in the Canadian Dentists Insurance Program and the CDA Retirement Savings Plan could be expanded to include relatives of eligible dentists. In particular, you have identified children of dentists and their families and brothers and sisters of dentists (and presumably their families) as persons who would potentially be included in the eligible group. The issues applicable to the insurance program and the retirement savings plan are different so I will deal with them separately.

Insurance Program

In 1976 our firm contacted the Ontario Superintendent of Insurance (and subsequently the other provincial Superintendents) to obtain confirmation that CDSPI could carry on its activities relating to the administration of the CDA insurance plans without being licensed as an insurance broker or agent. The initial response from the Ontario Superintendent's office indicated that the Ontario

officials had no objection to CDSPI providing the services specified in our correspondence provided CDSPI's services were restricted to qualified dentists who were members of the CDA or CDSPI and were not extended to the general public or any other Association. In a subsequent letter, responding to a complaint which originated in Alberta to the effect that solicitations were being made to the public rather than to CDA members, the Superintendent's Office was advised that eligibility to participate in the plans was restricted to members of the CDA, the provincial dental associations, The Canadian Dental Hygienists' Association and the Canadian Dental Nurses and Assistants Association and their employees, wives, widows and families and that the plans were not promoted among members of the public generally or persons who could not be eligible to participate in the plans. The Superintendent's Office subsequently confirmed that CDSPI's activities were acceptable under Ontario's Insurance Act. The reference to "families" used in our correspondence was presumably used in the context of dependants covered under the dependant's life insurance plan since family members would not have otherwise been eligible for coverage under the plans as they existed in 1976.

The primary concern of the Superintendent's Office at the time was that the plans be offered to a limited group and not be marketed to the general public. Without reopening the issue with the provincial Superintendents we cannot give you a categorical statement of what would or would not be considered to be an unacceptable expansion of the eligible group. Our view is however that the expansion of the eligible group beyond family members residing with or dependant for support upon persons who are now eligible to participate in the plans might well be construed as an opening of the plans to the general public. The inclusion of children of eligible dentists and their families is more likely to be considered acceptable than the inclusion of

brothers and sisters of eligible dentists and their families because of the closer family connection but even in the case of such children (assuming that they are adults and are living independently) the connection with the sponsoring associations is very tenuous. The connection with the sponsoring associations is the factor which limits and defines the group and we consider that it is important that CDSPI be able to demonstrate a real connection between those eligible to participate and the sponsoring associations in order to avoid any implication that the plans are being offered to the public at large. The broader the eligible group becomes the higher the risk factor from CDSPI's point of view.

We also note that CDSPI's objects, as set out in its Letters Patent, authorize it "to provide assistance to professional associations of dentists throughout Canada in administering insurance programs for the benefit of members of the dental profession and their employees." It is arguable that offering insurance programs to members of a dentist's family is for the benefit of the dentist and is therefore within the scope of CDSPI's objects. This argument, however, becomes weaker as the relationship between the dentist and the family member in question becomes more distant. Once again the position appears somewhat stronger where children of the dentist are involved than is the case when brothers and sisters are being considered.

CDSPI will need to consider whether there are significant benefits to the plans and their participants which will be achieved by expanding eligibility to other relatives of dentists. Assuming that such benefits will be achieved, we are of the view that there is some risk in any expansion of the eligibility criteria, and that the risk increases as the connection between the sponsoring associations and the eligible participants becomes more

distant. While the closer family relationship may make the argument in favour of permitting the inclusion of children of eligible dentists and their families more supportable than the argument for including brothers and sisters of eligible dentists and their families we are concerned that any expansion of the eligible group to the relatives in question would potentially expose the plans, the CDA and CDSPI to allegations that the plans are being promoted among the general public and that CDSPI is not acting within the scope of its objects in providing administrative services in respect of the plans.

From an administrative standpoint consideration should also be given to the difficulties of policing eligibility if the group is to be expanded as proposed. A lapsed CDA membership or the death of a dentist could potentially make a large number of participants ineligible for plan improvements or continued participation if the eligibility of the dentist's relatives for continued participation is contingent on that dentist's continued eligibility. If a decision is made to expand the eligibility criteria for the plans the various circumstances which could arise will have to be carefully considered before any amendments to the plans are proposed to the insurers.

Retirement Savings Plan

The CDA Retirement Savings Plan must at all times comply with the requirements of Revenue Canada, Taxation in order that the registrations of the participants' retirement savings plans may be maintained. The situations in which group retirement savings plan arrangements may be implemented are set out in Information Circular No. 72-22R7 dated October 3, 1983. This Information Circular has been recently updated to take into account changes to the Income Tax Act and will be released in updated form shortly. However, we have

confirmed that the changes which have been made do not affect the paragraph of the Circular which is relevant to eligibility to participate in the CDA retirement savings plan.

Paragraph 11 of the Information Circular states that employees of an employer, members of an association or the spouses of such persons may contract with an insurer for the payment of a retirement income to be funded through a group annuity contract in the name of the employer or association acting as duly authorized agent of those individuals. In 1986 we requested on CDSPI's behalf an interpretation by Revenue Canada, Taxation of paragraph 11. This interpretation related to whether employees of dentists (the dentists being members of an association) could participate in a group retirement savings plan arrangement. The interpretation stated that Revenue Canada would interpret the word "association" broadly and would therefore consider the employees of members of an association eligible to participate since such persons are associated by virtue of having a common purpose. The interpretation also stated, however, that Revenue Canada considered paragraph 11 exhaustive in its delineation of those eligible to participate in the type of arrangement in question. Since the only family members eligible under paragraph 11 are spouses of the eligible employees or members of an association the Information Circular does not appear to permit the extension of eligibility to other family members.

We have however contacted the Registered Pension and Deferred Income Plans Division, Registrations Directorate of Revenue Canada, Taxation (without disclosing the name of our client) to determine their current position with respect to the eligibility issue and that position seems to be much more flexible than the position set out in the 1986 Interpretation. We were advised that paragraph 11 is only

intended to give a general outline of Revenue Canada's policy in this area and that accordingly, the references to employees or to spouses of employees are not exhaustive of the categories of individuals who may participate in the plan. The Revenue Canada official to whom we spoke felt that expanding a retirement savings plan such as the CDA RSP to include families of eligible participants would be permitted provided that the plan is very clear as to who the eligible contributors are, all contributors contribute in their own right (or on behalf of a spouse) and appoint the professional association as their agent and all other requirements of the Income Tax Act are complied with.

Under the agreements relating to the retirement savings plan Imperial Life is responsible for compliance with all Income Tax Act requirements and it is important, for the protection of the CDA and CDSPI, that this responsibility remain with Imperial Life. If, therefore, the CDA wishes to expand eligibility to include the families of those currently eligible to participate it should define precisely which family members are to be eligible and then request Imperial Life to prepare the plan amendments and submit them for Revenue Canada's approval. We have considered whether it would be worthwhile obtaining another Interpretation of paragraph 11 but consider that the better approach would be to simply prepare the plan amendments and submit them in the normal course for approval. If objections are raised by the officials reviewing the plan amendments we can go back to the official with whom we spoke to attempt to facilitate approval.

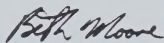
If there are other issues which you would like us

CAMPBELL, GODFREY & LEWTAS

- 7 -

to consider or if you have questions about the issues discussed in this letter please let me know.

Yours truly,

A handwritten signature in cursive script that reads "A.B. Moore".

A.B. Moore

ABM:KH

PROGRAM REVIEW
AND
1990 RENEWAL NEGOTIATIONS

FINAL REPORT
FOR
CANADIAN DENTAL SERVICE PLANS INC.

PREPARED BY:

F. Wallace Clancy & Son Ltd.
March 23, 1989

850

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GUARDIAN INSURANCE COMPANY OF CANADA
COMPAGNIE D'ASSURANCE GUARDIAN DU CANADA

INTRODUCTION

The past 12 months have been unusual in that they have produced downward premium adjustments that normally take 2-3 years to happen. In the following paragraphs we will try and give you some insight as to why this has occurred.

From what we can tell a likely source of the problem is the 1987 stock market crash. Most insurers appear to have survived this in fairly good health. Following the crash insurers sold out their holdings and took substantial capital gains. This resulted in significant gains in capital and surplus. 1988 was therefore a year where the industry was faced with an increase in surplus. This in itself is enough to produce rate reductions because it results in companies trying to increase market share. The surplus problem was then compounded by rising interest rates. Companies therefore were in the fortunate position of being able to achieve an acceptable rate of return without doing too much. The end result is that there has been a push to take advantage of the high interest rates by writing more business. This means that the pricing on existing business has been driven down as insurers fight to retain existing business and grow by stealing business from someone else at a reduced price.





While we see the short term as being gloomy, cracks are starting to appear that could bring an end to this soft market cycle. To support our prediction we see the following coming into play:

TAX REFORM

In the United States, the Tax Reform Act of 1986 is starting to take effect. This tax law will hurt cash flow and ultimately hurt earnings. The tax increase will impact the amount of money available for investments.

COMPETITION

With competition taking a bigger bite out of earnings, the trend will not continue indefinitely. Weaker companies will withdraw from the marketplace. This will leave only the companies that are stable with healthy balance sheets.

REINSURANCE

The tightening London reinsurance market could signal higher direct insurance rates. While international reinsurance rates in London including rates for U.S. ceding companies are still competitive, rates for higher-layer London market excess of loss reinsurance and other retrocessional coverages are rising substantially as a result of the large catastrophe losses to hit London in the past 15 months.





The syndicates of Lloyd's of London, the largest insurance market in the world are sticking on terms, with many underwriters prepared to lose business and run their syndicates at half their capacity. Many syndicates believe that prices are down to as low as they can go.

Recently, an announcement was made that premium capacity will remain the same in 1989, at 11 billion pounds, the same as in 1988. This is the first year since 1970 that the 300 year old insurance market's underwriting capacity has not increased.

CANADA

Closer to home, recent changes to government filings (blue book) now require all federal companies to have a statutory filing signed by an actuary. This has caused companies who were inadequately reserved to increase them. Recently, Symons (a publicly listed company) increased their reserves by \$9,000,000.

1988 saw a few changes from the Canadian marketplace. Travelers Canada was sold to Zurich making them the largest company in Canada by premiums written, while other companies are being offered for sale.

Elsewhere, in the U.S.A., Royal increased their reserves by 200 million dollars. Travelers increased their reserves by \$600 million (U.S.).

The realities are that the insurance industry is still not out of it's difficulties. Due to these difficulties, we believe that the stability of markets is vital.



The automobile business in Ontario has caused some companies to restrict their writings. To offset this unprofitable business they are pursuing other sources of income, notably commercial. The recent announcement that automobile rates can be increased 7.6% on average was greeted with mixed emotions. The rationale for this is easy to see when you consider that all of the studies have not produced a hypothesis that the public can believe when it comes to finding a solution to the rising premium problem. We believe that loss prevention is the key to lower premiums. It is interesting to note that the Ontario government has just started to realize this fact. (see GLOBE & MAIL 15th. February 1989.) We believe this to be the true way to moderate premium increases. This is why we support C.D.S.P.I. and the C.D.A. in their loss prevention programs. These programs are making a contribution and have been an important consideration in the drafting of this proposal.

5.

1990 RENEWAL NEGOTIATIONS

Our first official meeting, regarding the 1990 renewal negotiations, was held at the Guardian offices on Monday, November 14, 1988. The following were in attendance:

PETER McLUSKEY	-	Manager, Special Accounts Branch
DOUG POOLE	-	Senior Underwriter, Special Accounts
STAN LAM	-	Underwriter, Special Accounts Branch
MIKE CLANCY	-	President, F. Wallace Clancy & Son Ltd.
CHUCK WILLS	-	V.P., F. Wallace Clancy & Son Ltd.
KINGSLEY BUTLER	-	Executive V.P., C.D.S.P.I.

The main areas of discussion at this meeting were:

1. General market conditions particularly as they relate to Malpractice.
2. The improvement in the CDIP loss experience for the period January 1, 1988 to October 31, 1988.
3. Our request for further improvements (at no charge) in coverage in 1990.
4. Our request for further rate reductions in 1990.
5. Our request that the Guardian agree to be a guaranteed market for 1990 and 1991.

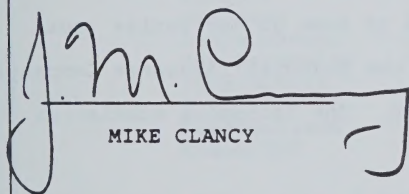
Regular meetings were held, on an ongoing basis, right up to March 21, 1989. At certain times, during negotiations, the following additional Guardian representatives were also involved:

KEVIN CLEARY	-	Executive Vice-President
MAC ROONEY	-	Vice-President
ROGER POTTS	-	Claims Manager - Special Accounts
MIKE STINSON	-	Underwriting Manager - Special Accounts

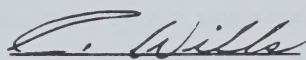
As you are aware, F. Wallace Clancy & Son Limited has been the Broker of Record since January 1, 1984. We have enjoyed the opportunity of servicing your account and hope that we

may be privileged to continue doing so for many years to come. At all times we will continue to give all of your problems, whether large or small, our personal and immediate attention. We have no intention of losing any account, particularly one the size of CDIP, because of poor communications or inadequate service.

The results of our 1990 renewal negotiations are outlined in other sections of this report. We will be pleased to comment on any aspect of this report, in more detail, at any time.



MIKE CLANCY



CHUCK WILLS

BROKER/CONSULTANT RESPONSIBILITIES

Everyone is aware that the Broker of Record and/or Consultant:

1. Negotiates premiums and coverages on behalf of the CDA and/or CDSPI
2. Constantly monitors the claims service being provided
3. Performs other duties/functions that may be required in order to properly handle the account

Items 1 and 2 are self-explanatory - but what exactly do we mean by the nebulous term "perform other duties"? Our office recently did a thorough review of some of our duties (not including duties performed by the Guardian Insurance Company) in connection with your account. The following statistics for 1988 have been developed:

1. On the average we receive 5 calls a day from CDSPI.
2. On the average we make 4 calls a day to CDSPI.
3. On the average we make 3 calls a day to the Guardian Claims Office
4. On the average we make 2 calls a day to the Guardian underwriters
5. On the average we receive 4 calls a day from the Guardian - Claims department or underwriting department
6. We write about 1 letter per week directly to the independent adjusters handling a particular claim advising them of a correction of certificate numbers, deductibles or clarification of coverages.

7. On the average we meet 4 times per month with senior underwriters of the Guardian on CDSPI matters
8. Our office does approximately 4 policy comparisons per month for CDSPI who have been requested by dentists to do this comparison
9. On the average we do 4 lease reviews per month and offer comments to CDSPI who in turn pass along our comments to the individual participants who have requested this information
10. We review approximately 20 articles/promotion pieces a year for your Marketing Department
11. In 1988 we received the following number of new potential claims (788) for which we set up in-house files in our office

Ontario	-	216
Quebec	-	228
British Columbia	-	157
Alberta	-	83
Manitoba	-	34
Saskatchewan	-	30
New Brunswick	-	9
Nova Scotia	-	21
P.E.I.	-	3
Newfoundland	-	6
Yukon/NWT	-	<u>1</u>
		788 Total

12. We run our manual system on-line with the Guardian's computer system. Our manual in-house system is updated daily and records the following information

Date of loss
 Name of insured
 Certificate number
 Name of adjuster
 Adjuster's claim number
 Our file number
 Complete details of loss
 Deductible, if any
 Estimate of loss
 Amount paid insured
 Adjuster's fee
 Date of payments
 Comments, if any

13. Every quarter we send an up-date to CDSPI of our claims registers showing all details of all claims reported to our office since January 1, 1984. Our quarterly figures indicate the status of all claims as well as all payments made to date
14. On or about December 31, 1988 we sent Kingsley Butler a total of 454 pages which constitute a total of 3,362 claims
15. In 1988 our office processed a total of 746 binder letters and sent same to each participant. Copies of each of these letters were, of course, sent to CDSPI for their records
16. In addition to the above our office wrote directly to senior CDSPI administration on 145 occasions in 1988

As previously stated, our clients have found our company's size to be uniquely advantageous, offering the professionalism, scope and service capabilities of larger insurance brokers, but combined with the more "personal" involvement usually associated with small companies. We have offered and will continue to offer our clients the best of both worlds. We pledge to continue in our efforts to make sure that problems on your account are the exception rather than the norm.

REINSURANCE IN THE 1990'S

These are changing times for reinsurance. Gone are the days of the late 1970's when everyone and his brother opened a reinsurance company or department and people with little experience were writing forms of coverage they little knew or understood.

By the early 1980's, the term "long-tail losses" had become a familiar phrase, as claims from casualty business written in the 1950's, 1960's and 1970's came home to roost. Part of the problem related to inadequate pricing of Canadian liability coverage. Many fly-by-night reinsurance companies and ones formed with little expertise flew off into the dark.

It would appear that in the late 1980's the industry is now taking a deep breath. At the present time there is renewed concern for financial strength and continuity and greater use of actuarial certification of loss reserves spurred by Government requests. The possibility of a major earthquake in a Canadian city gives the insurers many sleepless nights since it would be they who would carry the heavy end of the loss.

In the 1990's, a major concern for reinsurers will be free

trade, with the inevitability of more casualty exposures, as Canadian companies test the U. S. market. Continuing high court awards will continue to be a major concern. The ability to provide good claims service will be critical.

The Guardian Insurance Company, and the reinsurers with which it does business, have the financial stability which we as a broker and you as a client require.

CLAIMS SERVICE

Maintaining a higher quality of claims service from coast to coast remains a top priority. As of the date of this report the following independent adjusting firms are being used by the Guardian:

Morden & Helwig Limitée - Québec
Elander & Elander - British Columbia
Underwriters Adjustment - Remaining Provinces
Bureau

At this time we are giving you a brief outline (short version) of the normal claims procedures.

- 1) Dentist reports potential claim to CDSPI
- 2) Dentist given name and phone number of independent adjuster for dentist to contact
- 3) CDSPI immediately sends a special Claims Information Kit to dentist
- 4) CDSPI sends Claim Report to F. Wallace Clancy & Son Limited who immediately set up a claim file.
- 5) Adjuster meets with dentist, explains coverage and advises dentist as to how to proceed
- 6) Adjuster sends detailed claim report to Guardian and Clancys'
- 7) When claim procedures are completed, the adjuster sends final report to Guardian (copy to Clancys') with a request for payment
- 8) Guardian immediately reviews file and, if in agreement with adjuster's request, sends settlement cheque to the adjuster (copy of cheque to Clancys').

- 9) Adjuster delivers settlement cheque to dentist and exchanges same for a final release

The Guardian Insurance Company is continuing to send a Customer Satisfaction Index Form to each dentist after a claim has been closed. The dentist is requested to complete this form and return it, as soon as possible, to the Guardian in a postage-paid return envelope. This form helps the Guardian, CDSPI and Clancys' to identify any problems which exist. With very few exceptions, these negative responses are relayed on to the adjusting firm which handled the loss in question.

In 1988 the Guardian received approximately 320 customer satisfaction index replies. Of this number a total of 47 (15%) were either unhappy with the way their claim was handled and/or requested further clarification as to why it was handled in the manner it was. The Guardian estimates that they send out approximately 550 of these forms a year. The fact that they get such a great return response is in itself amazing. We have to assume that those that do not bother to respond are by and large happy with the way their loss was handled.

Any person who indicates that they are unhappy with the claims service and wish an explanation as to how their claim was

handled in a particular way are given an individual reply by Jean Bodnar who is a senior claims examiner for the Special Accounts branch of the Guardian. Samples of some of the typical replies are enclosed and we would suggest that they be read. You will note that many of these are not actually complaints as such, but merely requests for further clarification.

After the Guardian has reviewed all of the responses, and has replied directly to the participants, they then send copies of all documentation to our office for further review. Copies of all documentation are also sent to CDSPI for review and comment.

The most common type of phone complaint that we receive is in connection with allegedly slow service. On hearing this we immediately contact the Guardian and/or the independent adjuster. As is the case normally, there are two sides to each story. In some cases the delay is certainly the fault of the adjuster and in some cases it can be the fault of the dentist. In a number of situations we discover that the adjuster has, in actual fact, called the dentist and left a message but the message itself, for some reason or other, is never received. We keep reminding the various adjusting firms involved that unfortunately it is not always easy for a dentist to come to the phone immediately. A smart

adjuster will recognize this problem and if he has not had his message returned in a couple of hours should make a repeat phone call. If he still doesn't hear from the dentist then he should, to protect himself, send a letter to the dentist requesting a telephone reply. Some of the adjusters, for one reason or another, merely put their file back in abeyance for 15 or 30 days.

Another problem is poor communication between the adjuster and the dentist. To most adjusters the claims which they are handling are very routine and they rattle off a quick explanation as to how the loss will be settled and handled. Dentists are not expected to be claims experts (although a few have had enough claims that they should be experts by now) and this must be recognized by the adjuster. In certain cases, the adjuster should be prepared to repeat the claims procedure steps to the dentist so that there is no misunderstanding. In a complicated case the adjuster should even take the time (although it adds to the cost of the services) to write a short letter to the dentist, outlining what the dentist can do to facilitate a speedy settlement. A lot of verbal instructions, given by an adjuster to a dentist, can be forgotten at the end of a long and tedious day by a dentist or for that matter anyone else.

As has been the case in the past our office directly intercedes with a dentist who is having a serious problem if we are requested to do so by CDSPI. In some cases there is a personality conflict between the dentist and adjuster and it is necessary to appoint a new adjuster to take over a claim.

We and the Guardian also constantly remind the adjusters that dentists, like most individuals, do not like a lot of paper work. The adjuster must be prepared, in many cases, to assist the dentist with the paper work and do as much "hand-holding" as possible, particularly in a large loss situation.



GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

January 12, 1988

 _____, Alberta

Re: Canadian Dentists' Insurance Program - Account No. _____
 Type of Claim: Office Contents/Fire Damage
 Date of Loss: November 23, 1986

Dear Dr. _____:

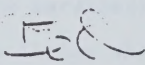
Thank you for completing and returning the claim follow-up form sent to you recently.

The writer has reviewed your claim file and would agree that there were excessive delays in settling your claim. Further, we also agree that it is not correct to use comparison costs from Edmonton for a small centre like Lloydminster, Alberta.

In future, we ask that you please contact C.D.S.P.I. or ourselves immediately, if you are experiencing any difficulties with the claim. This will enable us to take action on your behalf to minimize any delays.

Please accept our sincere apologies for any inconveniences caused.

Yours truly,


 Jean Bodnar
 Claims Examiner
 Special Accounts Branch

/ab
 881-12(3)



 GUARDIAN INSURANCE
COMPANY OF CANADA

18.

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

January 21, 1988

Dr. [REDACTED]
[REDACTED]
Fredricton, NB

Re: Canadian Dentists' Insurance Program - Acct. No. [REDACTED]
Type of Claim: Professional Liability
Date of Loss: September 28, 1983
Claimant: [REDACTED]

Dear Dr. [REDACTED]:

Thank you for completing and returning the claim follow-up form forwarded to you. We have reviewed your claim file in an effort to respond to your comments.

Claims are initially handled by an adjuster. The adjuster's role is to investigate and document the claim. Once this is completed and the matter becomes fully legal, the file is normally turned over to our solicitors for handling. In this matter, the adjuster retired from the file as of February 15, 1984.

Upon notification of the potential claim, we note that you engaged the services of your own solicitor, Mr. [REDACTED], to handle your interests. From our information, we find that Mr. [REDACTED] recommended settlement of the matter in his letter to the adjuster dated November 30, 1983 (copy attached). Your solicitor was involved in the matter until March 28, 1984, at which time he forwarded his file to our solicitors. We paid his fees in the sum of \$1209.35.

Our solicitors successfully defended this matter on your behalf through both a trial and subsequent appeal. Legal fees amounted to almost \$6,000.00 for their services. Although the case was won and we were awarded costs, we only were able to recover \$600.00.

(cont'd)





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COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEEX 06-22412

January 26, 1988

██████████
██████████
██████████ Avenue
Vancouver, B.C.

Re: Canadian Dentists' Insurance Program - Acct. No. ██████████
Type of Claim: Professional Liability
Date of Loss: November 17, 1986
Claimant: ██████████

Dear Dr. ██████████

Thank you for completing and returning the claim follow-up form forwarded to you.

We have reviewed the claims file and indeed note a potential claim was reported to us. The claim was investigated by Elander & Elander Adjusters Ltd. Perhaps you recall meeting with Mr. Ian Allan, the adjuster handling the matter.

The information we have on file is that you first saw the claimant, ██████████, in 1978 and last treated her on April 26, 1985. Subsequently, she attended another dentist who treated her and referred her to a periodontal specialist. It seems that she had a serious periodontal problem and she felt it should have been dealt with some time while she was under your care.

From the last report on this matter, we understand that you advised the adjuster that the matter was well in hand and you were looking after the payments required for your former patient's dentistry needs. As such, our file is closed.

(cont'd)





GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

January 21, 1988

[REDACTED]
 [REDACTED]
 [REDACTED]
 Vancouver, B.C.

Dear Dr. [REDACTED]:

Re: Canadian Dentists' Insurance Program - Account No. [REDACTED]
 Type of Claim: Office Contents/Water Damage
Date of Loss: June 22, 1986

Thank you for completing and returning the claim follow-up form forwarded to you.

We have reviewed your claims file in an effort to respond to your comments. We note that you suffered water damage which resulted from water escape from an office above your premises. The claim was originally reported to Elander & Elander Insurance adjusters. Ian Allan, the adjuster, attended your office and met with Dr. [REDACTED] as you were on vacation at the time. The adjuster investigated and discussed the matter with Dr. [REDACTED]. They agreed that no further action would be taken until things dried out and you returned from vacation. The building maintenance personnel had water extractors and dehumidifiers going in your office; everything was under control.

The adjuster secured an estimate of repairs to your office in July of 1986. The estimate from Barclay Construction Corporation was in the sum of \$504.90. A further expense for initial clean-up was anticipated, however, no invoice was ever received.

Your policy carries a \$500 deductible. Our information suggests that you elected not to expend the deductible, hence, repairs could not proceed. By virtue of your policy, you had two settlement options open to you:

- (1) Proceed with repairs. We owe the cost of repairs less your deductible.
- (11) Elect not to repair. We owe the actual cash value of repairs less your deductible. However, in this claim, the A.C.V. of repairs did not exceed your deductible so your policy could not respond.

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GUARDIAN INSURANCE

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SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

January 21, 1988

-2-

In both cases we would then proceed to subrogate against the negligent party in the hopes of recovering your deductible and our outlay. We cannot legally pursue subrogation until the claim is settled. It is in the signing of the proof of loss form that you transfer your rights of recovery to us. This allows us to legally pursue subrogation.

However, in the interim, the adjuster commenced subrogation proceedings against the responsible parties. Unfortunately, they continually denied liability in the matter. Hence, the next step was to commence legal proceedings.

Under the policy, you have one year from the date of loss to complete the adjustment of your claim. The adjuster advised you of this. At that time, the adjuster noted that you still had not proceeded with the repairs and were not sure if you would do so.

However, there is still time for you to personally commence recovery proceedings against the negligent parties. In reviewing the file, I note that it would appear that there are quite a few other tenants in your building that also suffered losses. You may be able to join your claim in with their actions.

In future, please contact CDSPI or ourselves should you experience any problems in the settlement of a claim. This will enable us to act on your behalf to resolve any problems as they occur.

We hope this answers your inquiry into the handling of your claim. Should you have any further questions on this matter, please don't hesitate to contact the undersigned.

Yours very truly

Jean Boonar
Claims Examiner
Special Accounts Branch

cc M. Clancy, F. Wallace, Clancy & Sons Ltd.
K. Butler, CDSPI

/sf

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COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7

CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1

TELEPHONE: 941-5050

TELEX 06-22412

22.

January 14, 1988

Dr. [REDACTED]
[REDACTED] Rd.
Suite [REDACTED]
Montreal, P.Q.
[REDACTED]

Re: Canadian Dentists' Insurance Program - Acct. No. [REDACTED]

Type of Claim: Office Contents/Business Interruption

Date of Loss: December 7, 1987

Dear Dr. [REDACTED]:

Thank you for completing and returning the claim followup form forwarded to you.

We note that you were not satisfied with the services of the adjuster. We have reviewed your file. In claims such as yours it is common to have both adjusters and accountants review the claim. It may seem as though their work is repetitious, but it is necessary in order to reach a settlement amount.

Please accept our sincere apologies for any inconveniences this may have caused.

In future, we would suggest that you please contact CDSPI or ourselves immediately if you are experiencing any difficulties with the claim. This will enable us to act on your behalf in order to resolve any problems.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

c.c. Mr. K.D. Butler, CDSPI

c.c. Mr. J. M. Clancy, F. Wallace Clancy & Son Ltd.

JB/6

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GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

May 12, 1988

Dr. [REDACTED]
Suite [REDACTED]
[REDACTED] - [REDACTED] Avenue
Delta, British Columbia

Dear Dr. [REDACTED]:

Re: Canadian Dentists Insurance Program - Account [REDACTED]
Type of Claim: Comprehensive General Liability
Date of Loss: September 23, 1987
Claimant: Trusty Sales & Government of B.C.
Claim No. 74 76356

Thank you for returning the Claim Follow-up form and your comments to us.

We have reviewed your claims file. As you indicated, two claimants did not advance any specific claims against you. As such, the adjuster and our files have been closed. However, we are still interested in ensuring that your claim was handled to your satisfaction regardless of whether a payment was made.

Again, thank you for returning your comments to us. Should you have any questions concerning this matter, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

/wq
885-10(6)

cc: Canadian Dental Service Plans Inc.
Attention: Mr. Kingsley D. Butler, C.A.

F. Wallace Clancy & Sons Limited
Attention: J. Michael Clancy

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CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

May 12, 1988

Drs. [REDACTED]
[REDACTED] Street
Kitchener, Ontario

Dear Drs. [REDACTED] & [REDACTED]:

Re: Canadian Dentists' Insurance Program - Account No. [REDACTED]
Type of Claim: Office Contents
Date of Loss: October 16, 1987
Claim No. 71 75403

Thank you for completing and returning the Claim Follow-up form forwarded to you. We have noted your comments regarding delays due to the adjuster's car problems, illness and bad weather. Please accept our apologies for any inconvenience this may have caused you.

In future, please contact CDSPI or ourselves immediately if you are experiencing any difficulties with a claim. This will enable us to take action on your behalf in order to minimize any delays.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

/wq
885-10(5)

cc: Canadian Dental Service Plans Inc.
Attention: Mr. Kingsley D. Butler, C.A.

F. Wallace Clancy & Sons Limited
Attention: J. Michael Clancy

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GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

June 13, 1988

Dr. [REDACTED]
 [REDACTED] Street
 Vancouver, British Columbia
 [REDACTED]

Dear Dr. [REDACTED]

Re: Canadian Dentists' Insurance Program - Account No. [REDACTED]
 Claim No. 74 76404
 Date of Loss: August 31, 1987
 Claimant: [REDACTED]

Thank you for completing and returning the Claim Follow-up form forwarded to you.

We have reviewed you file. As noted in your note to us, you did notify Elander & Elander Adjusters. They initially investigated the claim. As you indicate no one has ever heard anything further from the claimant. Accordingly, various claim files were closed. We simply forward survey forms on all claims files regardless of whether or not a payment was made in order to ensure that you were satisfied with the claim service.

Should you have any further questions concerning this matter, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
 Claims Examiner
 Special Accounts Branch

/wq
 889-13(7)

cc: Kingsley D. Butler
 Canadian Dental Service Plans Inc.

J. Michael Clancy 876
 F. Wallace Clancy & Sons Limited



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GUARDIAN INSURANCE

COMPANY OF CANADA

26.

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

June 13, 1988

Dr. [REDACTED]
[REDACTED] Limited

Suite [REDACTED]
Montreal, Quebec
[REDACTED]

Dear Dr. [REDACTED]

Re: Canadian Dentists' Insurance Program - Account No. [REDACTED]
Claim No. 71 75095
Date of Loss: December 7, 1987 (Burglary)

Thank you for completing and returning the Claim Follow-Up form forwarded to you.

In view of your comments, we have reviewed your file in detail. We are in agreement with you that the initial adjuster was unacceptable in the dealings with your claim. Please accept our sincere apologies for any inconveniences that were caused. Please note that that particular adjuster is no longer handling any CDA claim files.

In future, we encourage you contact CDSPI or ourselves in order to act on your behalf whenever you encounter problems on a claim. Again, please accept our sincere apologies for any inconveniences this has caused.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

/wq
889-13(6)

cc: Kingsley D. Butler
Canadian Dental Service Plans Inc.

J. Michael Clancy 877
F. Wallace Clancy & Sons Limited



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COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEEX 06-22412

June 13, 1988

Dr. [REDACTED]
Box [REDACTED]
[REDACTED], New Brunswick
[REDACTED]

Dear Dr. [REDACTED]:

Re: Canadian Dentists' Insurance Program - Account No. [REDACTED]
Claim No. 74 75238
Date of Loss: February 18, 1987
Claimant: [REDACTED]

Thank you for completing and returning the Claim Follow-up form.

We have reviewed your reply and are pleased that you are satisfied with the service provided by the adjuster. We have noted your comments with respect to the question dealing with the fairness of the settlement to the claimant. We note that you feel that the claimant was more than fairly treated, given the cases published in the Canadian Dental Journals. Our settlements are based on the current jurisprudence of each province. The amount of the settlement was within that range.

We trust this answers your enquiry.

Should you have any further questions, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

/wq
889-13(1)

cc: Kingsley D. Butler
Canadian Dental Service Plans Inc.

J. Michael Clancy 878
F. Wallace Clancy & Sons Limited



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GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

June 1, 1988

Dr. [REDACTED]
 [REDACTED]
 Vancouver, British Columbia
 [REDACTED]

Dear Dr. [REDACTED]

Re: Canadian Dentists Insurance Program - Account No. [REDACTED]
 Type of Claim: Professional Liability (Malpractice)
 Date of Loss: December 19, 1986
 Claimant: [REDACTED]

Thank you for recently completing and returning the Claim Follow-up Form sent to you.

We noted in your comments that you would like an explanation of why settlement was agreed to. Many factors are considered before a decision is made regarding the settlement or denial of a claim. An important factor which carries the greatest weight is the risk of being unsuccessful at trial and the costs of the trial. In the majority of instances an out-of-court settlement is the only practical solution. All out-of-court settlements are made with no admission of liability whatsoever. This is incorporated in a clause on the final release signed by the claimant. We hope that this has answered your inquiry.

In future, please feel free to contact the adjuster or solicitor assigned to your claim in order to find out what the status of the matter is. Should you experience any problems with a claim, we would ask that you please contact CDSPI immediately in order for us to take action on your behalf to minimize any delays.

885-27(1)

.../2



GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEX 06-22412

January 12, 1989

Dr. [REDACTED]
[REDACTED]
Winnipeg, Manitoba
[REDACTED]

Dear Dr. [REDACTED]

RE:	POLICY NO.:	[REDACTED]
	CLAIM NO.:	71 75130
	INSURED:	Yourself
	DATE OF LOSS:	April 22, 1987
	RE:	CLAIMS SURVEY FORM

Thank you for completing and returning the claims follow-up form.

We have noted your comments with respect to the repairs being incomplete. We are currently looking into this matter for you. We wish to advise you that someone will be contacting you in regards to resolving this matter.

Thank you for your co-operation. Should you have any questions concerning this, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar

Jean Bodnar
Claims Examiner
Special Accounts Branch

/rb
8901-12(7)





GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

December 20, 1988

Dr. [REDACTED]
 [REDACTED] - [REDACTED] Street
 Edmonton, Alberta
 [REDACTED]

Re: CANADIAN DENTISTS' INSURANCE PROGRAM
 OUR POLICY NO. [REDACTED]
 CLAIM NO. 64 75305
 TYPE OF CLAIM: Professional Liability
 DATE OF LOSS: March 20, 1986
 CLAIMANT: [REDACTED]
 RE: CLAIM FOLLOW UP SURVEY FORM

Dear Dr. [REDACTED]:

Thank you for completing and returning the Claims Follow Up form submitted to you.

We thank you for your comments which we have reviewed. Professional Liability claims very often take many years before they are resolved. In a great many cases, things proceed very slowly and ultimately the claim is dropped by the third party. We find that most dentists will follow up with the adjuster, the lawyer or with CDSPI periodically to obtain the status on this matter. In the alternative, they may simply advise the adjuster or the lawyer at the onset to inform them of the status every few months as the claim progresses.

In future, if you are experiencing any problems on a claim, please contact CDSPI or ourselves directly in order that we may look into the matter on your behalf. Again, please accept our apologies for any inconveniences caused.

Should you have any further questions concerning this, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
 Claims Examiner
 Special Accounts Branch

/rb
 8812-20(9)

881





GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
TELEPHONE: 941-5050 TELEEX 06-22412

December 20, 1988

Dr. [REDACTED]
[REDACTED] Yonge Street, Suite [REDACTED]
Toronto, Ontario
[REDACTED]

Re: CANADIAN DENTISTS' INSURANCE PROGRAM
OUR POLICY NO. [REDACTED]
CLAIM NO. 81 75342
TYPE OF CLAIM: Office Contents (Lightning)
DATE OF LOSS: June 10, 1988
RE: CLAIM FOLLOW UP SURVEY FORM

Dear Dr. [REDACTED],

Thank you for completing and returning the Claims Follow Up form forwarded to you.

We have reviewed your file and are in agreement with you that four and one-half months is a considerable length of time to settle your claim. In reviewing your file, I note that some of the delays were caused by the length of time it took to obtain further clarification from the mechanical contractor. The adjuster had to make several inquiries before receiving a response from him.

In future, should you experience any problems in the settlement of a claim, we urge you to contact CDSPI or ourselves directly that we may look into this matter on your behalf. Please accept our apologies for any inconveniences this may have caused. Should you have any further questions, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
Claims Examiner
Special Accounts Branch

/rb
8812-20(7)





GUARDIAN INSURANCE

COMPANY OF CANADA

SPECIAL ACCOUNTS DIVISION: Guardian of Canada Tower, 181 University Avenue, Toronto, Ontario M5H 3M7
 CORRESPONDENCE: Post Office Box 4096, Station "A", Toronto, Ontario M5W 1N1
 TELEPHONE: 941-5050 TELEX 06-22412

September 16, 1986

DR. [REDACTED]
 [REDACTED] Building
 Regina, Saskatchewan
 [REDACTED]

Dear Dr. [REDACTED],

RE: CANADIAN DENTIST'S INSURANCE PROGRAM - ACCOUNT NO. [REDACTED]
 TYPE OF CLAIM: Comprehensive General Liability
 DATE OF LOSS: March 20th, 1987

Thank you for completing and returning the claim follow-up form forwarded to you. We have reviewed your claims file and indeed note that a potential claim was reported to us. This claim was investigated by the Underwriters Adjustment Bureau.

The information we have on file is that on March 20th, 1987, you were informed by the building maintenance man that water was entering the office directly below yours. It seems that there was water leaking from your dental unit. It seems that the suction tube had developed a leak.

A claim was pursued by the insurers of the tenants occupying the space below your office. As there is no liability on your behalf, we denied any payment. To date, we have heard nothing further from them and it would appear that they will not be pursuing the matter any further.

Should you have any questions concerning this, please do not hesitate to contact the undersigned.

Yours very truly,

Jean Bodnar
 Claims Examiner
 Special Accounts Division

/dp
 389-15(9)

883



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EVALUATION OF 1988 CONTRACT

F. Wallace Clancy & Son Limited is not a large international "alphabet house". We are a medium-size, family-owned brokerage firm that has been in operation since 1908. When we became Broker of Record on January 1, 1984, four people were assigned primarily to handle all of the affairs of CDSPI - Chuck Wills, Mike Clancy, Anne Shaw and Lois Clancy. The same four people are still looking after CDSPI. Unlike some of the large "alphabet houses" we do not give you a new account executive and/or contact person every five or six months. We offer continuity of personnel and service.

It is our considered opinion that the Guardian Insurance Company has continued to comply fully with all the terms and conditions of the Master Contracts relating to each of the Plans which they underwrite. They have continued, at all times, to give us their full co-operation on your account.

According to the information supplied to our office, the following premiums were paid by CDSPI to the Guardian Insurance Company between January 1, 1988 and December 31, 1988:

\$4,072.758.80
959,408.41
1,025,473.76
967,053.61
<u>\$7,024,694.58</u>

In addition to the above, CDSPI made the following payments

to F. Wallace Clancy & Son Limited (consulting fees) during the same period of time:

\$	31,000.00
	50,000.00
	30,000.00
	10,000.00
	<u>\$121,000.00</u>

During 1988, we noticed an increase in the number of dentists who were asking CDSPI to review the contracts which they (the individual dentist) had taken out through a local broker. Careful examination and comparison showed that, in nearly every case, the scope of coverage being offered to the individual dentist by a local broker was inferior to that being provided through CDSPI.

As we have done in previous years, and putting premium differences aside, we are once again listing some of the additional coverages (most included automatically at no extra charge) provided by CDIP and not normally contained in the standard type of policies offered by the competition.

- Automatic coverage for 30 days on newly acquired equipment up to \$25,000.00
- Deductible disappears if loss exceeds \$1,000.00
- Protection against flood and earthquake
- Coverage for back-up of sewers and drains
- Coverage for mysterious disappearance of property
- Coverage for fire department charges

- Automatic plate glass coverage
- Automatic coverage for interior and exterior office signs
- No co-insurance clause
- Depositor's forgery
- Automatic \$2,000.00 coverage on money, securities and precious metals (on or away from premises)
- Employee dishonesty coverage
- Additional lease expense coverage
- Coverage for loss of earnings and increased expenses resulting from an order of civil authority for mass evacuation
- Coverage for loss of earnings resulting from damage to any property located away from the Insured's premises
- Liability protection for claims arising out of injury, sickness, disease, shock, mental suffering, mental injury and wrongful dismissal
- Non-owned automobile coverage
- All-risk tenants legal liability coverage up to \$500,000.00
- Voluntary property damage coverage up to \$2,000.00
- Comprehensive general liability limits up to \$5,000,000.00
- Extended cancellation clauses - 90 days (malpractice) and 180 days (all other coverages) except in the cases of non-payment of premium
- Financing through CDSPI (at no charge) on a quarterly basis

As everyone is aware the CDIP program has seen many improvements

in the past five years. We are pleased to advise that in 1990 the Guardian Insurance Company is prepared to offer even broader coverages and, in nearly all cases, reduced rates. The various recommended changes and improvements for 1990 are outlined in more detail in another section of this report.

In their report to our office, the Guardian Insurance Company commented as follows:

"The results for 1988 were the best that we have seen in quite some time. In looking at the 1988 losses we would draw your attention to the fact that there were no catastrophe type losses which impacted the account. This is the first time in many years that this has happened."

When commenting specifically on the Office Contents section the Guardian states that:

"While down from the year before, 29% of the total claims are water damage related.

Canada's ever changing weather patterns makes losses of this nature, harder and harder to predict. During the past year we did not encounter the severity of floods we experienced in 1987. However, we do know that losses of this nature will continue to be an important consideration in the pricing of this coverage. Most insurers are not aware of this since none have any great concentration of dental practices insured, other than the Guardian.

CDSPI has again made a significant contribution in the area of loss prevention and we again commend them on their efforts. The Guardian will continue to provide material to CDSPI for loss prevention bulletins.

Despite the worsening trend in this coverage, we do not feel a premium increase in the Office Contents section is in the best interest of the Plan."

When commenting on the Practice Interruption section the Guardian states:

"The decrease in the amount of water damage claims as discussed under the Office Contents has impacted on the losses incurred in this section.

We are pleased to indicate that the loss ratio is still profitable. Credit must again be given to CDSPI for their success in marketing this line of coverage."

As far as the Comprehensive General Liability coverage is concerned the Guardian commented as follows:

"The 1988 results were satisfactory and did not contain catastrophe losses of the type incurred during 1987.

Premiums paid have increased as dentists continue to join the Plan. We are encouraged about this modest growth and would thank CDSPI for their continuing effort to market this line. The loss ratio, while acceptable at this time, will continue to develop as time progresses."

As far as Malpractice is concerned the Guardian commented as follows:

"The year 1988 was one of the best years for dental malpractice. As in previous years we expect the loss ratio to deteriorate as the claims develop over time.

While the results appear satisfactory we should point out that our actuaries feel that we require a 3% increase in premiums. It should be noted that a margin of error does exist in any actuarial projection.

In our final analysis we are led to the conclusion that an increase in premium is not required and we are therefore proposing that the pricing remain unchanged in 1990."

In their report to our office the Guardian also commented on the Personal Umbrella (PULP) program as follows:

"The Personal Umbrella has enjoyed continued growth. We contribute the success of this relatively new product to the continued strong marketing techniques of CDSPI.

For the first time, premiums paid exceeded the deposit premium. We believe this to be an encouraging sign that the product is gaining acceptance in the marketplace."

It is our sincere belief that the proposed changes for 1990 will bring about a further increase in the number of dentists joining the various Plans available.

1989 CONTRACT REVIEW

At this point in our report we would like to remind everyone of the changes made in the 1989 (this year's) contract.

OFFICE CONTENTS:

- a) Valuable Papers - gross rates reduced from 2.36 per \$1,000 of coverage to 1.91
- b) Rental Value - gross rates reduced from 2.36 per \$1,000 of coverage to 1.91
- c) Remaining Coverages - rates remained unchanged
- d) Employee Dishonesty - coverage automatically increased to \$5,000 at no additional premium - option to increase coverage to \$50,000

PRACTICE INTERRUPTION:

- a) Gross Rate - reduced from 2.12 per \$1,000 of coverage to 1.91.

COMPREHENSIVE GENERAL LIABILITY:

- a) Gross Premiums: - reduced substantially (\$34.00 and \$41.00) at the \$2,000,000 and \$3,000,000 levels
 raised slightly (\$8.00) at \$1,000,000 level
- b) Higher Limits: - new limits of \$4,000,000 and \$5,000,000 available at extremely competitive premiums

MALPRACTICE:

- a) Gross Premiums - increased by 5%

- b) Deductibles: - dentist given option of three deductibles - \$500.00, 1,000.00 or \$2,000.00
- c) Higher Limits: - new limits of \$4,000,000 and \$5,000,000 made available.

PERSONAL UMBRELLA LIABILITY POLICY (PULP):

- a) Marine-Type Coverage: - now provides excess coverage over personal marine-type policies - previously restricted to covering watercraft insured on a personal liability policy only
- b) Deposit Premium: - deposit premium requirement of \$23,000.00 remained unchanged

1990 POLICY PLANS PROPOSAL

As mentioned earlier, the negotiations in connection with the various 1990 policy plans began back in November, 1988. At this time we would like to outline the following changes and improvements for your consideration:

A. OFFICE CONTENTS PLAN

- a) Office Contents Rates - across the board reductions of up to 3% depending upon the limits purchased
- b) Valuable Papers and Records - basic automatic coverage limit of \$5,000 increased to \$10,000 at no charge. Rates for additional limits reduced by 5%
- c) Extra Expense - basic automatic coverage limit of \$5,000 increased to \$10,000 at no charge. Rates for additional limits reduced by 5%
- d) Forgery and Employee Dishonesty - basic automatic coverage limit of \$5,000 increased to \$10,000 at no charge. Rates for additional limits reduced by 5%
- e) Rental Value - basic automatic coverage limit of \$5,000 increased to \$10,000 at no charge. Rates for additional limits reduced by 5%
- f) Additional Lease Expense - basic automatic coverage limit of \$5,000 increased to \$10,000 at no charge. Rates for additional limits reduced by 5%
- g) Accounts Receivable - basic automatic coverage limit remains at \$10,000. Rates for additional limits reduced by 5%
- h) Money, Securities and Precious Metals - basic automatic limit of \$2,000 increased, at no charge, to \$10,000. Rates for additional limits reduced by 5%.

The end result of all of these proposed changes for 1990 means that all participants will be obtaining higher coverage limits at reduced rates and premiums. The ones to benefit most will be those coverage-conscious groups or individuals who have paid additional premiums each year to purchase higher limits over and above those limits automatically included, at no charge, under the Office Contents plan. For example, the automatic limit (at no charge) for Money, Securities, Gold and Precious Metals coverage is presently \$2,000.00. A number of dentists have been paying extra premium each year to raise this limit to \$3,000.00, \$5,000.00, \$10,000.00 or more. See examples below which show additional premiums based on 1989 rates.

1989 MONEY, SECURITIES, PRECIOUS METALS

Limit of \$5000 - \$250. deductible

1st \$2,000 cover =	No charge
Next \$3,000 cover =	81.78
\$5,000	\$ 81.78 Add. Premium

Limit of \$5000 = \$500. deductible

1st \$2,000 cover =	No charge
Next \$3,000 cover =	74.64
\$5,000	\$ 74.64 Add. Premium

Limit of \$10,000 - \$250. deductible

1st \$2,000 Cover =	No charge
Next \$8,000 Cover =	218.00
\$10,000	\$ 218.00 Add. Premium

Limit of \$10,000 - \$500. deductible

1st \$2,000 Cover =	No charge
Next \$8,000 Cover =	199.00
\$10,000	\$ 199.00 Add. Premium

Starting on January 1, 1990 there will be no premium charge for the first \$10,000 coverage.

The Forgery and Employee Dishonesty Section is another area where participants have also been purchasing extra coverage over and above the automatic \$5,000 limit now provided, at no charge, under the Office Contents plan. See example below which shows additional premium based on 1989 rates.

1989 FORGERY & EMPLOYEE DISHONESTY

Limit of \$10,000 - \$250. or \$500. deductible

1st \$5,000 Cover =	No charge
Next \$5,000 Cover =	28.50
\$10,000	\$ 28.50 Add. Premium

Beginning on January 1, 1990 there will be no premium charge for the first \$10,000 coverage.

B. PRACTICE INTERRUPTION PLAN

Next year in order to obtain further penetration, the Guardian Insurance Company has agreed to propose a two-tier rating system for your consideration. The first rate is for coverage from \$1 - \$50,000.00. This rate represents a further reduction of 7.5% LOWER THAN AT PRESENT. The second rate will be for \$50,001.00 + up. The rate will be 20% LOWER THAN THE EXISTING RATE.

C. COMPREHENSIVE GENERAL LIABILITY PLAN

- a) \$1,000,000 level - gross premium increased from \$99.00 to \$110.00
- b) \$2,000,000 to \$5,000,000 levels - gross premiums remain unchanged
- c) \$11.00 credit off all gross premiums now allowed for those dentists who have an electric solenoid switch

During our discussions with the Directors on April 16, 1988 one of the Directors suggested that consideration be given to reduce the Liability premiums for those dentists who had installed solenoid switches in their offices. This suggestion was followed up and, after careful analysis, the Guardian agreed that the idea had enough merit to warrant introducing the above two-tier concept.

D. MALPRACTICE PLAN

The Guardian has agreed to maintain 1989 pricing for all levels in 1990.

E. PERSONAL UMBRELLA LIABILITY PLAN (PULP)

- a) All premiums will remain unchanged for 1990
- b) The Guardian has convinced their reinsurers to drop the requirement of an up-front deposit premium of \$20,000.00.

GUARANTEED INSURANCE MARKET

The Guardian has agreed to be a guaranteed market for the CDA/CDSPI for the years of 1990 and 1991.

RATE SCHEDULE

1990 General Insurance - Renewal Comparisons

	<u>Current Rates (1989)</u>		<u>Proposed Rates (1990)</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
	Per Provincial Schedules		1% - 3% reduction as per Provincial Schedules	
A. <u>OFFICE CONTENTS:</u>				
Valuable Papers - (per \$1000)	1.66	1.91	1.57	1.81
Extra Expense - (per \$1000)	1.84	2.12	1.75	2.01
Money & Securities - (per \$1000)				
- 500. ded.	21.63	24.88	20.55	23.63
- 250. ded.	23.70	27.26	22.51	25.89
Dishonesty & Forgery - (per \$1000)	4.96	5.70	4.70	5.41
Accounts Receivable - (per \$1000)	1.84	2.12	1.75	2.01
Rental Value - (per \$1000)	1.66	1.91	1.57	1.81
Additional Lease Expense - (per \$1000)	2.00	2.30	1.90	2.18

	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
B. PRACTICE INTERRUPTION: (per \$1,000)	1.66	1.91	1.53	1.76 (\$0-50,000)
			1.32	1.52 (\$50,001 +)

C. COMPREHENSIVE GENERAL LIABILITY:
(without Solenoid Switch)

\$1,000,000 inclusive -	86.00	99.00	96.00	110.00
\$2,000,000 inclusive -	121.00	139.00	121.00	139.00
\$3,000,000 inclusive -	152.00	175.00	152.00	175.00
\$4,000,000 inclusive -	174.00	200.00	174.00	200.00
\$5,000,000 inclusive -	196.00	225.00	196.00	225.00

COMPREHENSIVE GENERAL LIABILITY:
(with Solenoid Switch)

\$1,000,000 inclusive -	86.00	99.00	86.00	99.00
\$2,000,000 inclusive -	121.00	139.00	111.00	128.00
\$3,000,000 inclusive -	152.00	175.00	143.00	164.00
\$4,000,000 inclusive -	174.00	200.00	164.00	189.00
\$5,000,000 inclusive -	196.00	225.00	186.00	214.00

D. P.U.L.P.:

\$3,000,000 excess -	114.00	131.00	No Change
\$4,000,000 excess -	131.00	151.00	No Change
\$5,000,000 excess -	143.00	164.00	No Change

* Please Note: (Net + 15% = Gross)

The gross premiums proposed for 1990 have been rounded to the nearest dollar.

E. MALPRACTICE:1989 PREMIUMS

	<u>\$500. Ded.</u>		<u>\$1000 Ded.</u>		<u>\$2000 Ded.</u>	
	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>	<u>Net</u>	<u>Gross*</u>
1,000,000/ 3,000,000 aggregate	569.	654.	551.	634.	535.	615.
2,000,000/ 6,000,000 aggregate	645.	742.	626.	720.	611.	703.
3,000,000/ 9,000,000 aggregate	692.	796.	671.	772.	657.	756.
4,000,000/ 12,000,000 aggregate	728.	837.	706.	812.	691.	795.
5,000,000/ 15,000,000 aggregate	763.	878.	741.	852.	724.	833.

Auxiliaries:

1,000,000/ 3,000,000 aggregate	22.	25.	Not Available
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* Please note: (Net + 15% = Gross)

The gross premiums have been rounded to the nearest dollar.

PROPOSED 1990 PREMIUMS

Same as 1989 premiums (above).

250 Bloor Street East, Suite 1100
Toronto, Ontario M4W 3N3
416 960-2700
Facsimile: 416 960-2819

TPF&C

a Towers Perrin company

VIA FAX

April 6, 1989

Our Reference: 00669/008

Mr. K.D. Butler
Executive Vice President
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) - JANUARY 1, 1990 RENEWAL

We have reviewed Seaboard Life's renewal proposal for the 3 year period commencing January 1, 1990. Seaboard proposed to reduce its current gross monthly premium rate for Basic AD&D from \$0.067 per \$1,000 per month to \$0.05. While this reduction was significant, we believed that a further reduction of \$0.005 was available. Seaboard agreed to the further reduction and also proposed to include some enhancements to the benefit as at January 1, 1990. These enhancements are summarized below:

1. The current aggregate of \$1,500,000 with respect to any one accident would be eliminated.
2. The existing Education Benefit would be available to participants with any level of coverage not just to those with \$150,000 or more. The benefit could be extended to all participants, rather than dentists only.
3. An Occupational Training Benefit could be added (Exhibit A).
4. A Repatriation Benefit could be added (Exhibit B).

The enhancements could be included at no additional cost over and above the basic gross rate of \$0.045.

TPF&C

Mr. K.D. Butler
April 6, 1989
Page 2.

We have reviewed the proposed improvements and offer the following comments:

1. We concur that the present aggregate limit should be eliminated. If there were an accident which resulted in claims in excess of \$1,500,000, it would be unpleasant to have to explain to beneficiaries why they would not receive the entire amount of the insurance. In any event, it is our understanding that the enforcement of the aggregate limit could prove difficult in a court of law.
2. We believe that you may not wish to accept Seaboard's offer to eliminate the \$150,000 minimum coverage requirement for the Education Benefit. It occurs to us that the \$150,000 was introduced as an inducement for the dentists to purchase higher amounts of coverage. If this understanding is correct, the objective would be defeated if the minimum is eliminated and the benefit made available to non-dentists (persons with low amounts of coverage).
3. In our opinion, the Occupational Training Benefit would be a suitable addition to the plan for dentists only. It might be appropriate to offer it as a "package" with the Education Benefit i.e., to dentists who have a minimum of \$150,000 of coverage.
4. The Repatriation Benefit basically adds up to \$10,000 to the death benefit if the accidental death occurs away from home. Unlike the Education and Occupational Training benefits, it provides for reimbursement of an immediate expense rather than providing for the future of the survivors. We do not consider it to be a particularly necessary benefit, but recognize that it may appeal to some persons. If the CDA wishes to include the benefit, it may do so without concern to current or future costs.

CDSPI received an unsolicited quotation from an insurance broker. It is our understanding that it is not unusual for this to occur but this particular quotation appeared to be more attractive than is the usual custom. Therefore, TPF&C

TPF&C

Mr. K.D. Butler
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was requested to review the proposal and provide its comments. We have reviewed the proposal, requested written confirmation of certain details and have spoken with the broker. For purposes of confirming the quotation we have relied upon the broker's correspondence to us and CDSPI. The proposed underwriter (Citadel) has provided the proposal to the broker not TPF&C, therefore, we cannot attest that the proposal correctly reflects the insurer's agreement with the broker. We hasten to add that we have no reason to believe that the proposal does not in fact present the insurer's agreement.

The broker's proposal is summarized below. For ease of comparison, we have included Seaboard's proposal in the summary.

	<u>Broker</u>	<u>Seaboard</u>
Basic Gross Monthly Rate per \$1,000	\$0.035	\$0.045
Gross Annual Premium		
- Dependents'	\$13.13	\$25.00
- Children only	\$ 5.25	\$10.00
- Staff Package	\$10.50	\$15.00

As you are no doubt aware, AD&D claims experience generally has the characteristic of low incidence but possible high financial impact. The experience is subject to significant fluctuations. The lack of a defined pattern during the last 11 years underlines this point. This experience is illustrated in Exhibit C. In this exhibit we have also shown that if the broker's quoted \$0.035 rate had been in place during the last 11 years, it would have been insufficient. We have prepared this exhibit to point out not only that we believe that the \$0.035 rate lacks long term stability, but also the effect of the current and proposed Seaboard rates. Given the volatility of AD&D claims experience, we believe this to be a valid comparison. Our estimates have incorporated the following reasonable assumptions:

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- i) Insurer's administration charge of 5% of net premium
- ii) Premium tax of 2% of gross premium
- iii) Reinsurance costs and catastrophe reserves at 7% of premium

Exhibit C also illustrates that \$0.045 per \$1,000 could be a marginally adequate rate. The insurer's profit margin has not been accounted for in this exhibit. The experience has been favourable for the most recent four years; however, given the nature of AD&D claims this scenario could change quickly and significantly. We believe that the \$0.045 premium rate is reasonable and recommend that if the CDA is concerned about rate stability it accept Seaboard's proposal. While we cannot guarantee that the \$0.045 premium rate will prove to be sufficient on a long term basis, there is definitely more of a comfort level than at \$0.035.

The broker's proposal included several enhancements to the current provisions. Seaboard has agreed to match the following of those enhancements, if that is the CDA's wish:

1. Waive right to cancel policy within the 3 year guarantee period (except for non-payment of premium).
2. Increase Education Benefit to 5% of Basic coverage to a maximum of \$5,000 per child per year for 4 years (currently flat \$2,000 p.a.).
3. Expand or improve the Loss Schedule to provide the following for dentists only:

<u>For Loss of</u>	<u>Amount Payable</u>
Speech	100%
Hearing in one or both ears	100%
All toes of one foot	25%

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Page 5.

<u>For Loss or Loss of Use of</u>	<u>Amount Payable</u>
One Leg	100%
One Foot	100%

<u>For Total Paralysis</u>	<u>Amount Payable</u>
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%

Seaboard was reluctant to offer a number of improvements but has done so because it considers the CDA to be a valuable client. Ken Rudd has stated that while he is a little uncomfortable with all of these improvements and a \$0.045 rate he is still willing to discuss matters if the CDA is no longer concerned with long term premium stability.

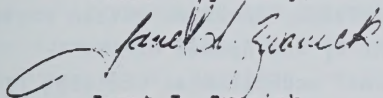
If the CDA wishes to consider the broker's proposal, it should be aware that it would be the broker who would be expected to negotiate terms and conditions with the underwriter, review policies and future renewals, not TPF&C. The insurer would pay the broker an annual commission for selling and maintaining the business. We believe that the minimum commission payable would approximate 5% of net premium or about \$12,500 p.a. (\$37,500 for the 3 year guarantee period). As you know, TPF&C does not and may not accept commission payments; however, we do charge a fee for services rendered. We have reviewed our billing files and have determined that our fees for the 3 year period ended December 31, 1988 were \$3,180. The majority of the charges (\$2,055) were in 1986 when the Staff Plan and other enhancements were introduced.

TPF&C

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April 6, 1989
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In summary, it is our opinion that Seaboard Life has presented an attractive renewal offer and recommend that it be accepted. The enhancements which have been offered should be given consideration. It is possible to secure lower premiums from the broker's underwriter, but it is doubtful that the gain would be long term. The CDA's and CDSPI's relationship with Seaboard has been lengthy and smooth, we see no significant long term financial advantage to changing that relationship.

Yours very truly,



Janet I. Zwarick

JIZ/gk

Encl.

Direct Dial: (416) 960-2802

OCCUPATIONAL TRAINING BENEFIT

In the event accidental Loss of Life is sustained by an Insured Person and indemnity for such loss becomes payable in accordance with the terms of this policy, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by the Spouse of the Insured Person who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he/she would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses. Payment shall not be made for room, board, or other ordinary living, travelling or clothing expenses.

REPATRIATION BENEFIT

In the event accidental Loss of Life is sustained by an Insured Person not less than fifty kilometres from the Insured Person's place of residence and indemnity for such loss becomes payable in accordance with the terms of this policy, The Company will pay the actual expenses incurred for the transportation of the body of the deceased Insured Person to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of residence of the deceased, including charges for the preparation of the body for such transportation, not to exceed in the aggregate the amount of \$10,000.00 for all such expenses.

April, 1989

**CANADIAN CREDIT ASSOCIATION
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Analysis of Proposals for January 1, 1990

A. CANAZET PREMIUM BASIS (\$0.067)

	<u>Gross Premium</u>	<u>Net Premium</u>	<u>Paid Claims</u>	<u>Estimated Reserve</u>	<u>Year's Gain/(Loss)</u>	<u>Cumulative Gain/(Loss)</u>
1978	\$ 162,493	\$ 161,200	\$ 200,000	\$ 70,204	(\$18,917)	(\$18,917)
1979	199,315	173,304	100,000	24,781	68,522	(30,395)
1980	215,924	187,766	203,134	26,848	(62,716)	(72,632)
1981	266,303	214,160	102,795	30,625	80,760	8,109
1982	279,004	263,290	190,927	34,791	17,522	25,680
1983	297,112	250,339	100,000	36,963	121,396	147,076
1984	361,227	296,657	358,896	42,420	(104,627)	42,449
1985	302,900	332,939	100,000	47,611	185,320	227,777
1986	466,961	404,204	121,017	57,013	274,653	452,430
1987	523,046	455,400	60,607	65,115	339,742	792,172
1988	<u>349,340</u>	<u>477,651</u>	<u>229,907</u>	<u>68,105</u>	<u>179,619</u>	<u>961,611</u>
	<u>\$3,663,233</u>	<u>\$3,105,101</u>	<u>\$1,760,003</u>	<u>\$655,486</u>	<u>\$961,611</u>	

April, 1989

**CUMBIAH MUTUAL ASSOCIATION
ACCIDENTAL DEATHS AND DISMEMBERMENT INSURANCE**

Analysis of Proposals for January 1, 1990

D. SEABOARD PROPOSED (\$6.005)

	Gross Premium	Net Premium	Paid Claims	Estimated Retention	Year's Gain/(Loss)	Cumulative Gain/(Loss)
1976	\$ 109,117	\$ 96,895	\$ 200,000	\$ 11,570	(\$110,675)	(\$110,675)
1979	133,060	116,390	100,000	16,665	(747)	(110,922)
1980	145,074	126,090	203,134	10,032	(95,040)	(213,960)
1981	165,027	143,839	107,795	20,549	20,475	(193,515)
1982	107,920	163,403	190,927	23,367	(50,001)	(244,406)
1983	199,553	173,511	100,000	26,012	40,699	(195,707)
1986	229,102	199,274	350,096	20,497	(100,119)	(303,825)
1985	257,177	223,615	100,000	31,977	91,630	(292,107)
1986	312,207	271,534	121,017	10,030	110,007	(181,100)
1987	351,037	305,922	60,607	41,747	201,560	20,267
1988	360,260	320,010	229,207	45,076	45,076	65,794
	\$2,460,300	\$2,119,301	\$1,760,003	\$105,974	\$ 65,294	

April 1, 1989

TPP&C

a Lewis & Rouse company

CANADIAN HOTTAL ASSOCIATION
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Analysis of Proposals for January 1, 1990

A. CURRENT PREMIUM BASIS (\$0.067)

	Gross Premium	Net Premium	Paid Claims	Get Limited Retention	Year's Gain/(Loss)	Cumulative Gain/(Loss)
1970	\$ 162,493	\$ 141,700	\$ 200,000	\$ 20,200	(570,917)	(570,917)
1979	199,315	173,304	100,000	24,783	40,522	(30,395)
1980	215,924	187,746	203,134	26,040	(42,236)	(72,632)
1981	246,303	214,160	102,795	30,625	80,760	8,109
1982	279,004	243,290	190,927	34,791	17,572	25,680
1983	297,112	250,339	100,000	36,963	121,396	187,076
1984	341,227	296,697	350,896	42,020	(104,627)	82,449
1985	387,908	337,939	100,000	47,611	105,120	277,777
1986	444,941	404,784	121,817	57,013	224,653	452,410
1987	571,846	455,484	60,607	65,135	329,742	782,172
1988	549,140	437,651	229,907	68,305	179,439	961,611
	\$1,463,711	\$1,105,101	\$1,160,003	\$455,406	\$961,611	

April, 1990

TTF&C

an American company

**CANADIAN RETAIL ASSOCIATION
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Analysis of Proposals for January 1, 1990

B. SEPARATED PROPOSAL (\$0.065)

	<u>Gross Premium</u>	<u>Net Premium</u>	<u>Paid Claims</u>	<u>Estimated Recovery</u>	<u>Year's Gain/Loss</u>	<u>Cumulative Gain/Loss</u>
1976	\$ 109,137	\$ 94,895	\$ 700,000	\$ 13,570	(8110,675)	(8110,675)
1976	133,848	116,398	100,000	16,645	(247)	(110,922)
1980	145,034	126,098	203,134	10,032	(95,068)	(213,990)
1981	165,427	143,839	102,795	20,569	20,475	(193,515)
1982	187,928	163,403	190,927	23,367	(50,091)	(244,606)
1983	199,551	173,511	100,000	24,012	40,699	(195,707)
1984	229,102	199,274	358,096	20,497	(100,119)	(303,025)
1985	257,177	223,615	100,000	31,977	91,630	(292,107)
1986	117,287	271,534	121,017	30,030	110,007	(101,300)
1987	151,817	105,922	60,607	43,747	201,568	20,267
1988	168,860	320,010	229,907	45,076	85,027	65,294
	<u>\$2,460,100</u>	<u>\$7,139,301</u>	<u>\$1,768,003</u>	<u>\$305,924</u>	<u>\$ 65,294</u>	

April, 1989

**CUMULATIVE CAPITAL ASSOCIATION
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Analysis of Proposal for January 1, 1990

C. BROKER PROPOSED (\$0.035)

	Gross Premium	Net Premium	Paid Claims	Estimated Reserve for	Year's Gain/(Loss)	Cumulative Gain/(Loss)
1970	\$ 86,884	\$ 73,007	\$ 200,000	\$ 10,555	(8136,740)	(8136,740)
1979	104,120	90,532	100,000	12,946	(22,414)	(159,162)
1980	112,796	98,076	203,134	16,075	(119,003)	(278,245)
1981	120,666	111,875	102,795	15,990	(6,910)	(285,163)
1982	146,166	127,092	190,227	18,174	(82,010)	(367,173)
1983	155,208	130,953	100,000	19,299	15,655	(351,519)
1984	178,253	154,991	350,896	22,164	(226,069)	(577,580)
1985	200,077	173,923	100,000	24,071	49,052	(528,536)
1986	247,890	211,193	121,817	30,201	59,175	(469,361)
1987	271,651	237,939	60,407	34,026	143,207	(326,054)
1988	286,969	249,519	229,907	35,682	(16,062)	(342,123)
	\$1,911,679	\$1,683,901	\$1,769,083			

April, 1989

TP&C

a Teco risk company

APPENDIX D

250 Bloor Street East, Suite 1100

Toronto, Ontario M4W 3N3

416 960-2700

Facsimile: 416 960-2819

TPF&C

a Towers Perrin company

April 7, 1989

Our Ref: 00669/058

Mr. Kingsley D. Butler
Executive Vice-President
Canadian Dental Service Plans Inc.
2 Lansing Square, Suite 600
Willowdale, Ontario
M2J 4Z3

Dear Kingsley:

RE: FINANCIAL AUDIT OF 1988 LAURENTIAN/IMPERIAL STATEMENTS

Just a short note to let you know the current position regarding our audit of the 1988 financial statements.

We have audited the following:

- Death Claims listing
- Waiver of Premium listing
- LTD/OOE Claims and Reserves listing

As a result of our audit, the following errors have been uncovered:

- \$56,000 overcharge to the Basic Life insurance experience
- Incorrect interest rates used for cash flow calculations on death claims (\$1,500 undercharge, approx.)
- 2 1/2% loading incorrectly included in LTD/OOE reserves (\$600,000 overcharge, approx.)
- Reserves for all LTD claimants with COLA incorrectly calculated (\$500,000 overcharge, approx.)

TPF&C

April 7, 1989
Kingsley D. Butler
Pg. 2

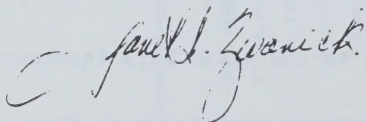
- Reserves of approximately \$700,000 being held for persons who came off claim prior to December 31, 1988

The \$600,000 credit for the 2 1/2% loading will appear in the financial balance sheet. Laurentian/Imperial is recalculating the reserves for all COLA claimants. I should have the revised figures for review on April 10th or 12th. The reserves for the persons who came off claim prior to the year end will not be adjusted until the 1989 statements are prepared. I am not concerned about this since the maximum draw from Surplus will be required with or without the extra \$700,000. You will be credited with interest on the excess reserve. The first two items on the list will be corrected on the 1988 statements.

Once we have verified the recalculated COLA reserves on Monday or Tuesday, we can do nothing further. Until CDSPI submits the final quarter's adjustments to Laurentian/Imperial, the underwriter cannot proceed with the statements. I understand from Don Jarvis that this is the current situation. If my understanding is incorrect, please let me know.

If you have any questions, please let me know.

Yours very truly,



Janet I. Zwarick

JIZ/fc

CAMPBELL, GODFREY & LEWTAS

BARRISTERS & SOLICITORS

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SUITE 3600
TORONTO-DOMINION CENTRE
TORONTO, CANADA
M5K 1C5

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TELETYPE 416 362-2381
RADIO 416 860-249
CABLE ADDRESS: ARNOLD TORONTO
GENERAL TELEPHONE 416 362-2401

A. BETH MOORE
DIRECT LINE 868-3427
D.L. Reg. CJC328-204

March 17, 1989.

Mr. Kingsley D. Butler,
Canadian Dental Service
Plans Inc.,
Suite 600, 2 Lansing Square,
Willowdale, Ontario,
M2J 4Z3

Dear Kingsley:

Eligibility to Participate in CDIP

I have considered the issues raised in your letter of December 6, 1988 concerning the proposal to assess a non-eligible participant surcharge over and above the regular premium against plan participants who cease to be members of the CDA, the ODA or the QDSA after becoming insured under a CDIP policy.

It is not clear from your letter whether it is intended that the surcharge be charged as a premium or as some sort of CDA fee for access to CDIP as a member services program.

Since insurance premiums are payable to the insurer and CDSPI and the CDA are presumably not interested in conferring a gratuitous benefit on the carriers of the CDIP program I assume that the CDA does not intend that the surcharge be charged as a "premium". As the terms of the CDIP policies do not include such a charge as part of the premiums (and it is questionable whether it could be so included since it would only apply to participants whose memberships in a sponsoring association had lapsed) it would in any event be contrary to the policy terms to assess an additional premium against such participants. Difficulties would also arise where the participant who was being charged the additional premium was a participant in more than one CDIP plan since assessing the surcharge more than once against a participant would be inappropriate. An alternative would be simply to charge the participants whose memberships had lapsed an administration fee. However, the definition of "premium" in the Insurance Act (Ontario) is a broad

definition, including "dues, assessments, administration fees paid for the administration or servicing of [the insurance contract] and other considerations." The surcharge cannot therefore be treated as a service charge or administration fee and invoiced as such on the premium invoice since this would arguably bring it within the definition of "premium".

It would also be undesirable for the surcharge to be payable to CDSPI since there is some risk that the charging of the fee could be construed as an "unfair or deceptive act or practice in the business of insurance" within the meaning of paragraph 393(b)(viii) of the Insurance Act (Ontario). This paragraph describes as an unfair or deceptive act or practice the charging of "any charge by a person for a premium allowance or fee other than as stipulated in a contract of insurance upon which a sales commission is payable to such person." While CDSPI does not receive what we would normally consider to be a "sales commission" for its services to CDA and the insurance carriers it does receive a premium collection fee calculated as a percentage of the premiums remitted to the insurer. While the risk of this section being found to apply is probably relatively small it is an avoidable risk and there does not appear to be any compelling reason why the surcharge needs to be payable to CDSPI.

The most desirable arrangement would appear to me to be for the CDA to invoice dentists directly (and separately from the CDIP premium invoice) for the surcharge as a fee charged by the CDA to non-members who are participating in its member services programs. The revenues received could then presumably be applied in some way to CDIP expenses incurred by the CDA.

The difficulty with this arrangement is in enforcing payment of the surcharge. Expanding the basic eligibility criteria in the insurance policies to include persons who have paid the member services surcharge would have the effect of expanding eligibility beyond members of the sponsoring associations and their employees and families and would not be helpful since the problem which the surcharge is intended to address arises because participants who were eligible have ceased to be eligible. Once the life insurance policy of a participant is in force it can only be cancelled by the insurer for non-payment of premiums. Assuming that for the reasons discussed above the surcharge is not being charged as a premium, the policy of a participant who failed to pay the surcharge could not be cancelled for failure to make the payment. The only recourse would then be to do what is now being done in connection with participants in the benefit plans who have ceased to be members of a sponsoring organization.

With respect to the disability insurance plan we have not had an opportunity to review the new Metropolitan Life master policy since I understand that it is not yet available in its final form. We have however reviewed the provisions of the Imperial Life policy dealing with termination of a participant's insurance. That policy provided that except as specifically provided elsewhere in the policy all insurance of a participant terminates on the earlier of the date that he ceases to be a participant and the date the master policy terminates. It then states that a participant ceases to be a participant on the earliest of the following dates:

- (a) In the case of a non-dentist, the date on which the participant ceases to be associated with the Policyholder.
- (b) In all cases, the date on which the Participant, is considered by the Policyholder no longer to be a Participant.
- (c) In all cases, the annual premium due date coincident with or immediately following the birthday on which the age of the Participant equals the applicable Age Limit, if any.

Paragraphs (a) and (c) are not relevant to the issues under discussion. Paragraph (b) could however provide a mechanism by which the CDA could cause the disability coverage of a participant to be terminated where the surcharge had not been paid. This would be effected by having the CDA make a determination that as of a specified date (probably an annual renewal date) any participant dentist who was not a member of a sponsoring organization or had not paid the surcharge would be considered by the CDA, as the Policyholder, to no longer be a Participant. This would have the effect of terminating the participant's insurance as of the specified date.

If the CDA decides to proceed with the proposed surcharge the provisions of the Metropolitan Life disability policy will have to be reviewed in order to determine whether a similar procedure for terminating coverage is available under the new CDIP policy or whether alternate procedures for achieving the same result are available. If it is decided to impose the surcharge the information sent out with the invoice should make it very clear that failure to either pay it or join a sponsoring organization will result in cancellation of the participant's insurance.

When you have had an opportunity to review this letter please let me know whether there are other issues which you would like us to consider.

Yours truly,

Beth Moore

A.B. Moore

ABM:KH

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTES DENTAIRE DU CANADA**

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The last year of the association has been both busy and productive. The adoption of a Strategic Plan has helped focus on goals relating to advocacy, teaching, research, membership service, and management. This process is intended to ensure that ACFD/AFDC is best positioned to grow over the years ahead and to respond to a Strategic Plan which establishes our priorities in an ever-changing environment. The plan was an ambitious one. However, implementing it and working with it has made us believe that the objectives are achievable and appropriate and because programs and resources must be balanced, some patience will be required as we work toward the objectives of the organization.

Consistent with our objective of advocacy, we have undertaken increased activity in the role of liaising with other national organizations. Finally overcoming logistical problems, the Executive of ACFD/AFDC met with the Executive of the Canadian Dental Association. The agenda was a full one and included such items as cooperative strategic planning for the future of dentistry in Canada, a national electronic communication system involving all major organizations, the 1989 Teaching Conference on Ethics and Professionalism, dental student enrolment in Canada and the United States, PRUC initiatives, and the Canadian Dental Foundation. In addition, the Education Committee has met with Mr. Brian Henderson over matters relating to the Council on Education and Accreditation. Now that these activities have been formalized, we look forward to further meaningful dialogue between our two organizations especially as we progress into our third year as a resident in Ottawa at the CDA building. Again, on the national level, the Association continues to be interested in supporting the Self-Learning/Self-Assessment project originally undertaken by the ACFD/AFDC, the CDA and the National Dental Examining Board of Canada. The NDEB is currently managing the project and ACFD/AFDC is ready to assist in test development, implementation and analysis.

Our membership can take pride in the results of our fund-raising efforts on behalf of the Canadian Fund for Dental Education. The Fund has been most generous in their support of the Teaching Conferences, the Summer Teaching and Management Institutes, as well as the recent Biennial Conference. The Teaching and Management Institutes continue to be highly successful, benefitting the individual, the institutions and the growth and development of dental education and research in Canada.

The Committee of Deans was formally constituted just last year. Over that time, Drs. Arthur Schwartz, George Beagrie, Richard Ten Cate and Gordon Thompson have stepped down as dean of their respective faculty and we have welcomed Drs. Ron Jordan, Paul Robertson and Norman Wood to their new leadership roles. Meetings have focussed on matters of mutual interest such as prelicensure, student enrolment and the 1990 Deans' Institute.

Other areas of association activity and interest involve a national electronic data base for faculty and curriculum, interactive videodisc development and application in dental education and the whole area of information technology in research and education.

Our emphasis on improved member services and communication has resulted in a brochure being developed which explains the roles and responsibilities of the organization and its members. Further, to enhance the effectiveness of the Association in reaching its stated goals and objectives, we are now examining the organizational structure. There may very well be different approaches that will allow us to achieve better results for all types of members through a different structure and a different meeting format. Problems surrounding the finances and support of a national organization are well understood by CDA. Therefore, this will be a particularly important decision as we use the Strategic Plan as a planning tool to renew our commitment to the organization.

In June, we enjoyed a successful Biennial Conference in Research and Education. Topics ranged from promoting scholarly activity to technology transfer. Beyond the opportunity to interact with colleagues from other institutions, we were hosted by the Faculty of dentistry at the University of Western Ontario and joined in celebrating their 25th Anniversary.

As I leave the presidency I am pleased and encouraged by the strides we have taken together in bringing our two Associations closer in communication and understanding. I have every confidence that this momentum will continue under the leadership of Dr. Ralph Brooke to the advantage and benefit of us all.

Respectfully submitted,

Marcia A. Boyd
President

ADOPTION OF REPORT

The Board of Governors receives the report of Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS' ASSOCIATION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants' Association welcomes this opportunity to report to the Board of Governors on the activities during this term of office.

1. The 1989 Board Meeting

The Board of Directors Meeting of the Association will be held in Vancouver, British Columbia, August 25 and 26th. The Executive Committee will meet August 24th.

2. CDA Council on Accreditation

The Canadian Dental Assistants' Association is pleased to announce the appointment of Mrs. Gaylene Smith to the CDA Council on Accreditation. Mrs. Smith is Director of the Dental Assisting Program at Holland College, Charlottetown, Prince Edward Island.

3. National Board Exam

The CDAA Certification Committee is presently negotiating with a provincial association for the use of their certification exam to be used as a National Board Exam until the CDAA has developed their own. The Committee has also met with a Testing Center at the University of British Columbia to negotiate administering the exam. We are optimistic that the exam will be available in the fall of this year.

4. Membership

Although there has been written support for the CDAA Levy System by the Provinces, unfortunately the remaining Associations have not implemented the system. To date the Province of New Brunswick, Saskatchewan and Prince Edward Island have come on stream.

5. 1990 Convention

The Convention convenor for Ottawa is Mrs. Diane Pike. She will be working closely with Dr. Jahjah and his committee.

The Canadian Dental Assistants' Association wishes to thank the Canadian Dental Association for the many opportunities offered the Association during the year that enable our input on many vital issues that concern our profession.

Respectfully submitted,

Ellen McCloskey, C.D.A.
President

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Assistants' Association as information.

CANADIAN DENTAL FOUNDATION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Bradley W. Holmes, Chairman, Kenora
Mr. Ron Bonar, Toronto
Mr. Jardine Neilson, Ottawa
Mr. Don Pamenter, Halifax
Dr. Arthur Schwartz, Winnipeg
Dr. John Silver, Vancouver
Dr. Doug Smith, Belleville

Coordinator: Ms. Martha Vaughan

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Canadian Dental Foundation has held two meetings: on January 20-21, 1989, and June 16, 1989.
2. An Executive was elected with the following members:
Dr. Bradley Holmes, President
Mr. Ron Bonar, Vice-President
Mr. Jardine Neilson, Secretary-Treasurer

The Executive will act as a management committee.
3. The first two meetings focussed on reviewing the objectives, by-laws and terms for CDF funding.
4. The firm of McCay, Duff and Company has been appointed as auditors for the Canadian Dental Foundation.
5. Professor Vern Krishna, Faculty of Law, University of Ottawa, will act as legal counsel for the Canadian Dental Foundation.
6. The next meeting is scheduled for November 24, 1989, at which time the funding application forms will be finalized.

Respectfully submitted,

Bradley W. Holmes, Chairman
Canadian Dental Foundation

ADOPTION OF REPORT

The Board of Governors receives the report of Canadian Dental Foundation as information.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1) 25th Anniversary

The Canadian Dental Hygienists' Association celebrated it's 25th anniversary at the annual Board of Directors Meeting held in Ottawa in June of this year. As a relatively young organization comprised of hard working volunteers, CDHA has grown over the years from its birth in 1963. Today CDHA has a permanent office and membership coast to coast. Greetings and gifts were received from the federal government, the Canadian military and many organizations including CDA.

2) International Symposium

CDHA hosted a successful 11th International Symposium on Dental Hygiene at the end of June in Ottawa. Registrations totalled 531 representing 22 countries. A special symposium proceedings edition of the CDHA journal will be available this fall. The newly elected President of the International Dental Hygienists' Federation Mrs. Patricia Johnson, and IDHF Secretary Mrs. Jo Gardner are both from Canada. The 12th International Symposium will be held in 1992 in The Hague, Netherlands.

3) Editorial Appointments

CDHA has appointed a new Journal Editor, Mrs. Marilyn Goulding of Fort Erie, Ontario. Mrs. Fran Cotton, CDHA's former Editor has relocated to Texas, U.S.A. but will be remembered for the development of a high quality Journal of which we are all proud.

4) Strategy Planning

Over the past few years it has become clear that CDHA needed to address its organizational structure to allow for greater participation of members and the Board in the decision making process. During the past year the Strategic Planning Committee has developed a process to incorporate these changes resulting in a new council structure, of which the Board of Directors are members. CDHA now consists of five councils: Executive, Public Relations, Practice & Regulation, Professional Development & Member Services.

5) Membership Fees

A membership fee increase was approved at the annual meeting in June which will become effective in October for all hygienists as part of their joint provincial/national association dues.

6) Task Force on Future of Dental Hygiene

In 1988 a Task Force was established to develop a conceptual and practical plan for the future of dental hygiene practice and education. A final report was presented to the Board in June, approved and is now available upon request from Central Office.

7) Infection Control

CDHA has adopted the CDA Recommendations for Infection Control Procedures and will provide this information to our members through publication in the CDHA Journal, Probe. CDHA adopted the following position statement regarding the treatment of people with infectious diseases:

The Canadian Dental Hygienists' Association recognizes that dental hygienists have a responsibility both professionally and morally to offer dental hygiene care to all individuals including those who have or may have been exposed to any infectious disease.

8) National Dental Hygiene Week 1989

National Dental Hygiene Week has met with overwhelming success both from the dental hygiene perspective and from the public. In a final report from Communication Strategies Inc. it was estimated that our campaign reached 6.7 million consumers. Executive Council therefore endorses the ongoing development of National Dental Hygiene Week as we feel it has enhanced our professional image and meets the goals and priorities as expressed in our Mission Statement. The second NDHW will be held October 15th to 21st and will follow a similar format to last year. New stickers, posters and the addition of T-shirts "Promote Dental Hygiene" have been included for this year. The September CDHA newsletter which is distributed to all members will include detailed information concerning the campaign. Mrs. Audrey Newcombe has been appointed National Dental Hygiene Campaign Coordinator for 1989.

The Board of Governors directs Executive Council to begin discussion with the Canadian Dental Hygienists' Association toward a unified approach regarding the next Dental Health Month.

9) CDA Convention Vancouver 1989

Although CDHA was not in a position to lend its name to the CDA Convention in Vancouver, it does wish to acknowledge its support and the British Columbia Dental Hygienists' Association's co-operation of this national meeting. This support is recognized in the attendance at this meeting of CDHA Executive Council and CDHA's Executive Director.

10) CDA Convention - Ottawa 1990

CDHA adopted a resolution in June to support, promote and participate in the 1990 CDA Convention in Ottawa.

11) CDHA Executive 1989

The CDHA Executive Council for 1989-90 includes President: Henry King - B.C., President-Elect: Myrna Frizell-Alberta, 1st Vice-President: Terry Mitchell - Nova Scotia, Immediate Past-President: Ellen Williams - Ontario.

12) Practice Standards Workshops

The establishment and utilization of Practice Standards are accepted as being fundamental to quality assurance in health care. Clinical Practice Standards have been established for dental hygiene in Canada (1988) as part of the Working Group in the Practice of Dental Hygiene in Canada. Practice Standards can only affect the quality of dental hygiene care if they are understood and implemented by dental hygiene practitioners. Therefore CDHA will be conducting continuing education workshops which will assist dental hygienists and their employing dentists in using the practice standards in their individual practice settings. Initially seven regional workshops are planned for 1990 with an evaluation mechanism conducted separately from the workshops to measure the extent to which the workshops assisted the adoption of the practice standards.

The Board of Governors directed the Council on Education and Accreditation to review and comment on the Clinical Practice Standards.

13) National Certification

Table of specifications for a national certification exam have been developed, and recommendations for a national certification process have been developed. The CDHA Board of Directors has approved cooperation with the CDA Council on Education and Accreditation to identify related knowledge for the skills outlined in the Competency Profile for Dental Hygiene. A further meeting with regional representation is planned for the 1989-90 year.

14) Professional Conference

In 1990 the University of Manitoba is planning a 25th Dental Hygiene reunion in Winnipeg June 21-24. In conjunction with this event CDHA is holding a 2 1/2 day professional conference. The University of Manitoba reunion and CDHA Conference will share one day of speakers and social events as well as planning additional separate programs.

15) CDA Guidelines for Supervision of Dental Hygienists

CDHA remains concerned in the formation of this document. Criticism of this document regarding implementation of dental hygiene programs in the public health setting has been received by both CDA and CDHA. It is our hope that CDA will adopt a collaborative approach and agree to address concerns raised.

16) 1989-90 Meetings

CDHA Board of Directors Meetings are scheduled for September 30-October 1, February 3 and 4, and June 21-24. Executive Council Meetings will also be held in January and April. All meetings will be held in Ottawa apart from the June meeting which is scheduled for Winnipeg.

Respectfully submitted,

Henry King, President
CDHA

ADOPTION OF REPORT

The Board of Governors receives the report of the Canadian Dental Hygienists' Association as information.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Board of Trustees: Dr. Ted Ramage, Chairman
Mr. Robert Cajolet, Vice-Chairman
Dr. Greg Baird
Dr. Louis Bernier
Dr. Bill Campbell
Mr. Lee Maddison
Dr. Donald O'Connor
Dr. Bill Sharun
Dr. Arnold Steinbart
Dr. Gordon Thompson
Mr. Jardine Neilson, Ex-officio

Executive Secretary: Mrs. Julie Hentschel

1. Meetings

Since reporting to your Board's 1989 Interim Meeting, CFDE has held its Annual Board of Trustees Meeting, which took place in Ottawa on May 7-8, 1989. We are pleased to have this opportunity to report on the Trustees' deliberations and CFDE's activities since our last report.

ITEMS REQUIRING BOARD ACTION

2. The Board of Trustees will lose a valuable member this year due to attrition. Dr. William Campbell, representative of Manitoba/Saskatchewan, will be completing his term of office at the end of September. CDA's approval of his replacement is sought.

RESOLVED:

- 89.86 THAT Dr. David L. Singer, of Saskatoon, Saskatchewan be appointed to the CFDE Board of Trustees.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. Plans for 1989**

All of you will be aware of the Fund's accomplishments in 1988 from the annual report which was published in the April issue of the Journal of the Canadian Dental Association. Therefore, my remarks will focus on the decisions made by the Trustees for the benefit of dentistry in 1989 and beyond.

We were pleased to see a general increase in contributions this past year. Total receipts were down, mainly due to the lack of the Lottery income. The Lottery was not held last year because of difficulties in organizing the prize tickets and the excessive amount of time required by the staff to organize the Lottery.

The Board is again grateful to Dr. Marcia Boyd, for the promotion of CFDE amongst the faculty members. We commend her in establishing a Challenge between B.C. and Dalhousie faculties regarding contributions to the Fund. The faculty donations were down this year, and we hope the Challenge will increase their contributions.

At our Board meeting on May 7-8, 1989, we approved a total of \$212,444 in aid of dental education and awareness for 1989.

1. Once again this year, CFDE is providing unrestricted grants of \$1,500, upon submission of a report on how the previous year's money was spent, to each of the ten dental schools.
2. The Board has provided its direct support of undergraduate students to \$2,000 per dental school. These grants are still to be used for scholarships, awards or prizes to two dental students per faculty. A requirement in the granting of these funds is that the CFDE receive appropriate recognition, preferably at an awards ceremony.
3. The fifth CFDE/ACFD Summer Teaching and Management Institute, takes place this July at the University of Manitoba. CFDE has continued to support this project with a \$38,000 grant for the 1989 Institute. We have received many letters of praise from past participants and we are delighted to be part of this worthwhile project. The Trustees unanimously agree that this is one of the best projects ever funded by CFDE.

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4. \$10,500 has been allocated to the 1989 Teaching Conference on "Ethics and Professionalism".
 5. \$10,200 has been allocated for the 25th Biennial Research Conference.
 6. A total of \$24,500 was allocated for teacher/researcher training fellowships. Six dentists and one hygienist were selected for support this year.
 7. The Dental Students Table Clinics and Students' Conference will be supported again with grants of \$10,000 and \$9,000 respectively.
 8. A total of \$45,000 has been allocated in 1989 for programs to increase public demand for dental health care.

In addition, CFDE has granted up to \$10,000 for the 1990 Dental Health Month, subject to the Fund receiving sufficient profile during the campaign.
 9. The income from the Lorne E. MacLachlan Endowment Fund of approximately \$13,752 will again this year be divided equally among the dental faculties at Toronto, Western Ontario, McGill and Dalhousie to benefit the prosthodontics departments, in accordance with the revised terms governing the endowment.
 10. The Murray McDonald Memorial Lecture will be held in August at the CDA Convention in Vancouver. Mr. Allan Fotheringham will be this year's speaker. We are delighted to resume this Memorial Lecture to commemorate CFDE's former Executive Director.

Appreciation

It has been a pleasure to present this report for 1988 on behalf of CFDE. I would like to thank all of the Trustees I have had the pleasure to work with over this past year, for their invaluable assistance.

CFDE has recently undergone a major change in staff, and is very pleased to announce that Mrs. Julie Hentschel is the newly appointed Executive Secretary to the Fund.

In summary, I can only add that, in order for CFDE to continue its assistance to the many projects it contributes to, we need your support in 1989.

Respectively submitted,

T.E.M. Ramage, D.D.S.
Chairman, CFDE Board
of Trustees

ADOPTION OF REPORT

The Board of Governors accepts the report of the Canadian Fund for Dental Education with appreciation.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

Examinations

The following represents the number of candidates for the Membership and Fellowship examinations being held May/June, 1989 as at the time of writing this report:

	<u>Fellowship</u>	<u>Membership</u>
Dental Public Health	1	-
Endodontics	-	1
Oral and Maxillofacial Surgery	3	6
Oral Pathology	1	-
Orthodontics	1	1
Pediatric Dentistry	2	3
Periodontics	-	4
	—	—
	8	15

Written examinations on May 5th are being held in California, Vancouver, Edmonton, Winnipeg, London, Toronto, Quebec City and Halifax, with the Membership orals and Fellowships on June 17th in Vancouver, Edmonton, Toronto and Montreal.

Successful examinees will be admitted to the College at the Convocation to be held in Vancouver on Saturday, August 26, together with the 4 new Fellows and 13 new Members from the December, 1988 examinations.

Council and Officer Vacancies

The second 3-year term of office on Council of Dr. Simon Weinberg, representing Oral and Maxillofacial Surgery, will be expiring this year, and he may not be elected to a third term. Nominations from that specialty section of the College have been called for and the election of Dr. Weinberg's successor will be held in June.

The second three-year terms of Chief Examiner Dr. H. Jack Hann, Dental Public Health, and Dr. Ralph Brooke, Chairman of the College's Credentials Committee, will also be expiring on December 31, 1989, and recommendations for their successors will be before the annual meeting of Council for approval in August.

Respectfully submitted,

Roderick L. Moran, President
Royal College of Dentists of
Canada

ADOPTION OF REPORT

The Board of Governors receives the report of Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Oral Pathology held its 23rd Annual Meeting on April 26, 1989 in Savannah, Georgia in conjunction with the American Academy of Oral Pathology.

The membership has reviewed, and will make formal response to the "Principles Approach to Certification/Licensure of Specialists" proposed by the CDA Ad Hoc Committee on Specialty Certification and Licensure of Dental Specialties.

The following is the current slate for the Canadian Academy of Oral Pathology.

OFFICERS AND COMMITTEES FOR 1989-1990

President:	Dr. S.I. Ahing	
President-Elect:	Dr. J.G.L. Lovas	
Vice-President:		
Secretary-Treasurer:	Dr. T. Daley	(3 years)
Immediate Past-President:	Dr. R.W. Priddy	
Nominating Committee:	Dr. W.T. McGaw	(1 year)
	Dr. G. Bradley	(2 years)
	Dr. D. Mock	(3 years)
Membership Committee:	Dr. J. Hardie	(1 year)
	Dr. D. Clark	(2 years)
	Dr. R. Howell	(3 years)
Professional & Public Relations Committee:	Dr. J.B. Perry	(1 year)
	Dr. G.P. Wysocki	(2 years)
	Dr. B. Blasberg	(3 years)

Respectfully submitted,

John G.L. Lovas, BSc, DDS, MSc, MRCD(C)
Secretary-Treasurer,
Canadian Academy of Oral Pathology

ADOPTION OF REPORT

The Board of Governors receives the report of Canadian Academy of Oral Pathology as information.

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The CAOMS held its 35th Annual General Meeting in Toronto April 27th to May 1, 1988. The theme was Risk Management.
2. The CAOMS elected the following executive:

President:	Dr. Bernard Lyons
President-Elect:	Dr. Jack Zosky
Past-President:	Dr. David Precious
Secretary:	Dr. Aron Gonshor
Treasurer:	Dr. Tom Stevenson
3. The CAOMS established the Educational Endowment Foundation with One Hundred Thousand Dollar (\$100,000.00) contribution. The purpose of this foundation will be to contribute to the public welfare by advancement of the specialty of oral and maxillofacial surgery.
4. The CAOMS will host the 1989 Annual Meeting in conjunction with the Canadian Association of Orthodontics in Montreal (Sept. 14-17, 1989).

Respectfully submitted,

Bernard Lyons
President, CAOMS

ADOPTION OF REPORT

The Board of Governors receives the report of Canadian Association of Oral and Maxillofacial Surgeons as information.

CANADIAN ACADEMY OF PEDIATRIC DENTISTRY

REPORT TO THE 1989 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Pediatric Dentistry held its annual congress and business meeting in Edmonton, Alberta on August 20, 1988.

The scientific program included conferences by Dr. Terry Carlyle (interceptive orthodontics), Dr. Richard Abrams (oral complications of cancer therapy) and Attorney W.N. Richards who discussed the topic of informed consent.

During the business meeting the membership moved that two (2) Canadian delegates attend the International Association of Dentistry for Children Congress in Athens, Greece, June 1-5, 1989 in support of Dr. Frank Pulver's election as President of I.A.D.C.

Planning for the 1989 Canadian Academy of Pediatric Dentistry congress is scheduled in concert with the CDA convention on August 27, 1989 in Vancouver B.C.

Respectfully submitted,

Murray Diner, Secretary
Canadian Academy of
Pediatric Dentistry

ADOPTION OF REPORT

The Board of Governors receives the report of Canadian Academy of Pediatric Dentistry as information.

TRANSACTIONS
of the Canadian Dental Association

DÉLIBÉRATIONS
de l'Association dentaire canadienne